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THE AMERICAN JOURNAL OF NURSING

OFFICIAL ORGAN OF

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING
SCHOOLS FOR NURSES; THE NURSES' ASSOCIATED ALUMNÆ
OF THE UNITED STATES; THE INTERNATIONAL COUNCIL
OF NURSES; THE HOSPITAL ECONOMICS ASSOCIATION;
THE NEW YORK STATE NURSES' ASSOCIATION; THE
GRADUATE NURSES' ASSOCIATION OF CON-
NECTICUT; THE MASSACHUSETTS STATE
NURSES' ASSOCIATION

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VOLUME IX

PHILADELPHIA

J. B. LIPPINCOTT COMPANY

1909

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THE

AMERICAN JOURNAL OF NURSING

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SCHOOLS FOR NURSES, THE NURSES ASSOCIATION, AMERICAN
OF THE UNITED STATES, THE INTERNATIONAL NURSES ASSOCIATION
OF NURSES, THE NURSES ASSOCIATION OF AMERICA
THE NEW YORK STATE NURSES ASSOCIATION, THE
CLEVELAND NURSES ASSOCIATION OF OHIO
NORTHWESTERN NURSES ASSOCIATION, ILLINOIS
NURSES ASSOCIATION

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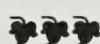
THE AMERICAN JOURNAL OF NURSING

VOL. IX

OCTOBER, 1908

NO. I

EDITORIAL COMMENT



NOTABLE PUBLIC HEALTH REPORTS

Two annual reports recently placed on the editor's table are of great suggestiveness and absorbing interest. One is the second volume of the *Transactions of the American Society of Sanitary and Moral Prophylaxis*, that society whose object, as stated in its constitution, is to limit the spread of diseases originating in the social evil, and whose president is Dr. Prince A. Morrow, 66 West Fortieth Street, New York. The other is entitled "Child Labor and Social Progress," and is the proceedings of the fourth annual meeting of the National Child Labor Committee, whose headquarters are at 105 East Twenty-second Street, New York.

MORAL PROPHYLAXIS

Of the movement stimulated by the former of these two societies, we can feel no doubt whatever that it may be regarded as the most prominent and most important piece of preventive work which confronts the medical profession to-day. The frightful filth diseases of a former age are conquered. Smallpox may be made non-existent by systematic vaccination; diphtheria has lost its terrors in the face of antitoxin; the few remaining diseases that still defy research, of which scarlet fever and cancer are the worst, will soon be probed, we cannot doubt, as to their causes. The great white plague, tuberculosis, is being assaulted by all the forces of society with daily increasing momentum. There can be no doubt that the great black plague is the worst enemy of health, efficiency, and happiness that the world holds to-day, and this all the more because it has been left to the last, with amazing hypocrisy and cowardice, as if by being ignored it could be made innocuous.

The impressive and striking features of the *Transactions* are, first, that this society joins the medical profession and the laity in a common

effort, and calls laywomen as well as professionals to its councils; second, the unanimity of conviction that the young must be taught sexual physiology and morality at an early age, the only question being one of the best method; third, the courage and force with which the younger physicians protest against the bondage of the "medical secret" which makes them, as they declare, *particeps criminis* in exposing the innocent mother and child to a horrible infection, and the general opinion that health boards must require the reporting of venereal diseases and must quarantine, and, generally, control them as they now do other infections. On this point Dr. Egbert H. Grandin, of New York, said: "As parents learn, as young men and women learn something definite about the venereal diseases, public opinion will demand that the physicians be freed from this antiquated shackle, and the boards of health—whose powers are well-nigh infinite in face of infectious diseases—will make it mandatory on us to report diseases which Morrow has aptly said do not exist *officially*."

A paper of remarkable practical value in this volume is one by Dr. Helen C. Putnam, of Providence, R. I., which takes up the present status of the teaching of hygiene, physiology, and sex morality in public and normal schools. The statistics given of an inquiry in twenty cities are profoundly impressive as showing the almost complete absence of such teaching, the imperfect knowledge which teachers themselves have, with few exceptions, and the general timidity in approaching the subject. The wide-spread neglect in our schools of practical teaching on these lines emphasizes Mrs. Robb's remarks in Richmond as to the opportunities for nurses in the public schools. Those teachers who have realized the import of sex teaching believe it will come best in the study of biology, or, with very young children, nature-study. It is to be hoped that many nurses will interest themselves in this educational movement. All whose time and means permit should become members of the society. The dues are two dollars. They will then receive all its literature. Nurses who have the opportunity of speaking to parents will do well to recommend for their reading "The Boy Problem." It may be ordered from Dr. E. L. Keyes, Jr., 109 East Thirty-fourth Street, New York, price ten cents. This is written especially for parents, and is most valuable. Other literature which may be ordered is: "The Young Man's Problem" (price ten cents); "Educational Pamphlet for Teachers" (ten cents); and "The Relation of Social Diseases with Marriage" (twenty-five cents). Reprints of Dr. Potter's papers on "Venereal Prophylaxis," published in the JOURNAL in February and March, 1907, may still be obtained for fifteen cents each from the editorial office.

CHILD LABOR

The child labor report is equally sad reading. What a commentary on our big rich country to read of the "progress" reported, that one state, full of cotton factories, has raised the age limit of children from twelve to thirteen for day work and to fourteen for night work. Nurses, who know their night duty, think of children of fourteen working all night in mills! Another piece of "progress" is the working age raised from ten to twelve! Still another state has some "progress"—children's working hours reduced from sixty-six to sixty hours a week. An interesting combination secured the first child labor law in Florida,—the labor unions and the women's clubs working together. Amidst the dreary and statistical desk-talk of the men's papers in this volume, the vivid, positive, vital addresses of Miss Jean M. Gordon, factory inspector of Louisiana, and Mrs. Florence Kelley, general secretary of the Consumers' League, give a hopeful feeling, for as long as such women as these are on the fighting line, victory cannot fail to come sooner to the right, than if their brave, fearless, outspoken words were never heard.

THE PLAYGROUND MOVEMENT

As we close our pages, the public press is giving a report from the play congress which has been in session in New York. Figures taken from the report of Dr. Henry S. Curtis, secretary of the Playground League of America, show that more than twelve million dollars a year are being spent for play in this country. This does not include the amount spent by individuals for toys or by clubs for athletic amusements, but represents the amounts that municipalities, boards of education and private philanthropists have provided for playing places for children and adults, so that they are not obliged to seek their recreation on the streets and on street corners.

The popular sentiment seems to be that every dollar spent for play under these new educational conditions reduces the expenditure for the prevention and punishment of crime and for property losses through crime.

Dr. Curtis's report shows that 177 cities maintain playgrounds, 76 support play places as municipal charges, 36 are maintained by boards of education, and 69 by private individuals and organizations.

Anyone who has lived in a neighborhood where there are boys from six to sixteen, left to roam free through the summer vacation, cannot fail to be interested in the importance of this movement. Small playgrounds at frequent intervals through every city are rapidly becoming an absolute necessity.

AS OTHERS SEE US

FOR the past year or two, hospitals, physicians, and students of the nursing situation have been greatly concerned over the shortage of applicants for training in our hospitals. Exhaustive reports have been submitted, papers have been read, and controversies have taken place in meetings and magazines, and the consensus of opinion has been, to sum it up briefly, that nurses' work was too hard, their hours too long, their period of training in proportion to their years of service too great, the growing requirements unreasonable, and the pay too small, with a working life too short to provide for the future.

The *Woman's Journal* has been making a study of the cause of the shortage of men and women in the teaching field, as illustrated by the fact that last winter five hundred grade school positions were vacant in New York City, and thirty-five in Chicago, while a famine of teachers existed in Nebraska and the Dakotas. The causes of this shortage are given briefly thus: the increasing requirements of teachers without a corresponding increase in salaries; the long term of preparation,—six or eight years of hard study after leaving the eighth grade; the necessity for foreign travel and for a knowledge of languages, music, drawing, etc.; the passing of a physical examination which rejects candidates having poor teeth or imperfect vision; the brief period during which they can work at their profession, women being undesirable after the age of forty and men after forty-eight; the small pay and the inability to provide for old age.

Carrying the study of this subject further, the writer of this article takes up the subject of the effect of different occupations upon woman's opportunity for marrying and cites the result of some investigations made by a woman's club on the subject: "Which class of women are most apt to marry and which marry the best (*i.e.*, marry men of the best character and ability, and the most prosperous circumstances)? The club members hunted up all the available statistics on this subject. They took an average of the individual opinions of many men and women of large experience of society and the world. This was the result: The occupations of women most apt to marry and most apt to marry well ranked thus: (1) *trained nurses*; (2) musicians; (3) business women; (4) society women; (5) teachers."

The result of this investigation, if broadly advertised, ought to have the effect of bringing in multitudes of recruits to the nursing profession, and of cheering those down-hearted nurses who thought they saw the

end of their careers in sight. Let us advise those of the latter class before it is too late to make a special study of personal attractiveness. The neat and trig effect of the nurse's uniform is, we believe, their best drawing card.

But seriously speaking, this commentary on teachers and nurses and other women workers shows that the demand for educated women for cheap labor is not being met because of the still greater attraction of home life, however simple.

OFFICIAL COURTESIES

IN looking over a leaflet issued by a hospital in our home city, we noticed an expression of gratitude for theatre tickets sent for the nurses' use by a member of the Woman's Board of Managers.

Such little acts of thoughtfulness as this help to create a bond of personal interest between the pupils of a school and those who plan for their welfare. Too often a nurse graduates and pursues her professional career without knowing, even by sight, the women who control the affairs of the school, and these women, in turn, know nothing individually of the nurses they are sending forth. Only the president of the board who makes a short address at graduation or gives out the diplomas comes into even momentary touch with them.

We do not make a plea for patronage,—for condescension is injurious to both the giver and the receiver of favors,—but for a cordial, friendly spirit, expressed in the form of an invitation to tea or to a lawn party, at which the nurses, so shut out from all social life during training, shall have an opportunity to meet their hostess' friends. Or an automobile or carriage could sometimes be sent early in the morning to give a breath of air to the tired night nurses, who have been working so anxiously while others were asleep. If such courtesies could be extended further to the *alumnæ* of the school, so much the better.

We hear, until we are tired of hearing, criticism of the conduct of private duty nurses. Have those who criticize ever tried to give these nurses a chance to mingle with women of such good manners as they wish them to possess?

On the other hand, women on hospital boards, who only know their nurses professionally, would sometimes find in the superintendent of a school, or among her head nurses, pupils, or graduates, women of education, culture and charm, whose acquaintance would be an addition to their circle of friends.

A SUMMER SCHOOL FOR ATTENDANTS FOR THE INSANE

DURING this last summer a new and most successful experiment was tried in Illinois. Miss Julia Lathrop, who has been working so earnestly for years to better conditions for the insane, and is now a member of the State Board of Charities, suggested that the Chicago School of Civics and Philanthropy should have a section devoted to teaching attendants of the insane how to interest and occupy their patients. With the coöperation of Governor Deneen and the superintendents of the various state hospitals for the insane, a number of representative attendants were granted leave of absence for five weeks at full pay, with an allowance for room and board, that they might attend these sessions. Attendants were present also from New York, New Jersey, Indiana, and Nebraska.

Lectures were given on psychology, psychiatry, pedagogy and social welfare, but the most important part of the course was the teaching of different occupations suited to the mentally sick and the application of the principles taught in visits to nearby asylums. These students go back to their work with a new view of the possibility of interesting, arousing and educating their patients by useful occupations and amusements. They intend to keep in touch with each other and to compare the working-out of their methods.

THE INTERNATIONAL CONGRESS ON TUBERCULOSIS

THE nursing section of the tuberculosis congress in Washington on October 1 will have been held before this JOURNAL reaches most of our subscribers. The congress is to remain in session until the thirteenth of October, but the last week is to be devoted to lectures and clinics by distinguished foreigners and to the exhibit, which, according to the *Journal of the American Medical Association*, will be quite as valuable educationally as the meetings of the sections of the congress, held from September 28 to October 3.

There has been a lack of clearness in regard to dates and announcements which has made it difficult for us to give as detailed an account of the congress as we would wish, but it is not too late for nurses who have not been able to attend the earlier meetings to avail themselves of the opportunity to study the exhibits and to hear many interesting speakers. Washington is never more beautiful than in October.

A series of special lectures by some of the distinguished congress speakers are to be given in Philadelphia, Boston, New York, and Balti-

more, and many nurses who cannot attend the congress may have an opportunity to hear them in these places.

ABOUT SUBSCRIPTIONS

WE begin our new JOURNAL year with our subscription list larger than ever before, but in comparison with the thousands who, we know, read the JOURNAL each month, the list is ridiculously small.

The JOURNAL was started for its educational value, and we do not begrudge any nurse the reading of it for nothing, but we think there are many women able to pay the subscription price who should do so from a sense of loyalty to the official organ of their profession.

Each year, through carelessness in renewing promptly, many nurses have the disappointment of breaking their files. Some numbers go out of print very rapidly, others remain on our hands for months. Just why this is cannot be explained, but to those who would preserve their files, prompt renewal is necessary. The greatest number of expirations come at this time of year.

THE ILLINOIS BOARD APPOINTED AT LAST

FROM newspaper items and personal letters we learn that the board of nurse examiners has been appointed by Governor Deneen, though as the formal commissions have not been received the state association is not ready to make its official announcement. We are told that the following will be members of the board: Miss Hay, of the Illinois Training School; Miss Henderson, secretary of the state association; Miss Wheeler, of Quincy; Miss Harrahan, Chicago; and Miss Matthews, Virginia, Ill.



IT is gratifying to find so many subscribers remembering to give their old address when changing to the new.

DON'T forget to order your nursing literature through the AMERICAN JOURNAL OF NURSING.

WHAT A NURSE SHOULD BE TAUGHT *

By MARY S. GILMOUR, R.N.

Late Superintendent New York City Hospital Training School

To attempt to cover the ground of what a nurse should be taught in a ten-minute paper would be impossible, so that a few points indicating the needs of a nurse and the reason for such needs is all that can be done.

The demands upon the nurse of to-day are so many and so varied that the training of twelve years ago fitting her for private duty, which was practically the only field open to her, is not sufficient now.

So many new avenues are developing, so many calls of a most unexpected nature have come, that the knowledge of how to make a bed, to take temperature, pulse and respiration and note results are mere rudiments of the training the nurse must have to-day. Not only must she be fully trained to care for patients who are doing well in typical cases of illness, but she must know the danger and complications likely to arise and be able to guard against them, and report the earliest symptoms of such changes, and should emergencies arise be able to do the right thing, at the right time, till the doctor arrives.

Over and over again has the nurse been criticised for inability to report a change in her patient's condition, generally attributed, perhaps correctly, to her lack of training, but more likely conditions were such that only a nurse with long practice in careful observation of similar cases would have been able to recognize the change; and yet with such responsibility on her shoulders the cry goes forth that we are overtraining our nurses, because we feel they should have a more thorough knowledge of nursing special diseases which can only be obtained by experience and observation, each of which is gained only with time and opportunity.

Doctors of to-day are depending more and more upon nurses. Those in the city are so rushed that often a serious case of illness must be left in the nurse's care while the doctor makes other visits and also for long hours during the night watches. If this is true of the city doctor and the city nurse, how much more true is it of the country where long stretches of miles, perhaps, lie between the homes of the patients, and the telephone and telegraph are too far away to be of any help.

* Read at the Eleventh Annual Convention of the Nurses' Associated Alumnae, San Francisco, May, 1908.

In the hospitals, what superintendent does not sigh when she compares the methods and demands of twelve or fifteen years ago with those of to-day. Since it has been demonstrated that young women of excellent, more often superior, attainments and character are willing to take up training as nurses and join themselves unsparingly to the care of those sick in hospitals, these institutions have sprung up like mushrooms all over the land and now the demand for nurses far exceeds the supply. But no intelligent young woman will venture forth to merely make beds, give a dose of medicine and note same. She is neither sentimental nor mechanical, our young woman of to-day, she is sensible, intelligent and observant, she is making a business of her chosen field of labor and she will go where she can get the best training for that field, and her physician and patient will receive the benefit of her skill.

What then should be taught?

1. Hygiene and Sanitation.—This subject should be made a personal one to our pupils while they are learning to apply its principles to the surroundings of their patient.

2. Anatomy and Physiology.—How can a nurse care properly for broken limbs, how can she change such a patient's clothing and bed linen unless she knows how to avoid strain upon the seat of injury? A busy doctor scarcely expects to tell a nurse how to handle a patient with a fracture of the neck of a femur or with broken limbs. To know that is part of her training. Massage is also demanded of the majority of nurses and this calls for a special knowledge of the subjects of anatomy and physiology.

3. *Materia Medica*.—No doctor expects to watch the effect of the medicine he orders, unless in very special cases. The nurse must give it and know that she is giving the right dose and know what effects to expect, and report to her doctor. A young man, the idol of his mother's heart, was sleeping under the influence of morphine, after a period of extreme agony. The mother remarked, "What a relief it is to see him sleeping so quietly and breathing so comfortably after what he has gone through," but the nurse had quietly sent this message to the doctor: "The patient is sleeping heavily; respirations 16, and falling lower." She needed her knowledge then.

4. Bacteriology.—What surgeon of to-day would allow a nurse inside of an operating room who had no knowledge of sterilization or antiseptics. What physician would employ such an one when he knows that her ignorance would probably permit her to present herself for an obstetrical patient when she had just left one with diphtheria or scarlet fever?

5. Dietetics.—This must cover the chemistry of foods as well as the

special foods for special diseases and the preservation of food. The nurse must be able to give directions for caring for food as well as preparing it. How many baby lives would be sacrificed did not our nurses understand the care of their food?

6. Massage.—This is absolutely necessary for bed-sore prevention, for surgical cases after removal of splints, etc.

7. Practical nursing by lecture and demonstration, and this subject seems endless. Over and over again have schedules been prepared to cover this ground, only to find that an important point had been overlooked. Lack of time, of teachers, and of opportunity would leave some senior nurse or graduate helpless in an emergency. A doctor may find some special treatment in some European hospital beneficial to a certain class of diseases. He comes home and the superintendent is consulted in regard to establishing it in his wards for his patients, and so we find numerous specialties introduced in various wards by different doctors for special diseases, the number only limited by the capacity and finances of the hospital. The nurses must be trained to do the work, or the school is failing in its curriculum. It takes two full years to teach the general practical nursing of medicine, surgery, obstetrics, gynæcology and children's diseases, without touching specialties or contagion. Allowing five months for night duty—a month in each of the above sections—this leaves nineteen months, three months in each section, and only four months as a margin for food studies and practice, emergency work and the operating room.

When the nurse goes to private practice she naturally expects to work for the doctor under whom she has trained, and he surely will introduce some of his specialties into the private homes of his patients and the nurse must be sufficiently familiar with the methods employed, results expected, to improvise apparatus if necessary.

So far we have mentioned only one field, private nursing; our pupil has had no training for supervising nurse, for teacher, for superintendent. Nurses are demanded in the army; in the navy; as sanitary inspectors; as district nurses; school nurses; in philanthropic work; in the missionary field, and, in fact, wherever a community of people are gathered, there the nurse is in demand.

The nurse's education cannot be fully outlined, all we can do is give her a solid foundation to begin on, in general principles of nursing, teach her what normal conditions are so that she may readily detect any departure from them, and develop her judgment and self-reliance so that should she meet a special condition where this education is not sufficient she will know when and where to turn to gain the required help.

Practical nursing has been placed seventh on the list, as the other subjects should be taught as far as possible before the nurse handles sick people.

This paper should close here but a word must be added for the pupils in training. The training is very hard, the life is a self-sacrificing one at its best. It is devoid of pleasures except those to be grasped at the moment. What nurse, for instance, can make an engagement for two weeks ahead? The subject of the nurse's hours in the practical work of the wards should receive the most earnest consideration and the view from the pupil's standpoint given some greater prominence than it has had in the past.

We are through, and know what it all means. We know many things were unnecessarily hard. There are still enough discouragements to meet those in training at the best but we know present conditions might be improved and should be. So let us turn our efforts to this end.

If preparatory work in training for teaching, for superintendents and for special fields could be given outside of the hospitals and only the practical part kept for the hospitals it would relieve much of the strain on the training schools of to-day and on the pupils in them. One or two colleges have taken up the preparatory work, and Columbia has a training school for teachers, but so far the majority of schools are bearing the burden of the complete training, with varying results.

HELPS TO SUCCESS IN PRIVATE DUTY

By GERDA M. ANDERSON

Graduate of the Lakeside Hospital, Milwaukee

I WRITE with the hope that these few lines will be a help to some of my fellow-nurses just ready to start out on the uneven path of private nursing.

I know of nurses who, with or without reason, will refuse call after call, just because it does not happen to suit their personal taste. One does not want to nurse among the wealthy, because she feels slighted at times. Another objects to nursing among the poor because it is too hard work. Of course everyone is free to choose her work, but I wonder whether any doctor or anybody in charge of a nurses' register will keep on calling a nurse, who is always ready with an excuse, instead of cheerfully responding to the call.

I have heard these same nurses speaking about luck,—good or bad. It rests with ourselves to make or mar. Luck certainly does not come

to anybody who sits with folded arms, waiting for it. How can we expect to have patients or their homes made to suit our personal taste? We cannot always have things just as we wish in our own homes.

The nurse who entered a training school because she loved the work and felt a great desire of wanting to be helpful to others, and who has allowed this noble feeling to develop as she has gone along, will never think of refusing a call except for some very good reason. She is needed and wanted, and this is to her sufficient reason for responding cheerfully. She will always be wanted by the doctor and her former patients, and need never know "hard luck," as far as work is concerned. She will bring into the homes where she is called, hope and help, and be a blessing for her patient as well as the rest of the household, leaving an empty space when she goes. They will all miss her and for many a day talk about her as a ray of sunshine who came to warm and cherish when things looked so gloomy.

I have often wondered why nurses seem to be subject to more severe criticism than the average woman. But since it is the fact, and so much is expected of us, let us be our own critics, putting ourselves in the public's place, and try to come as near to the expected mark as possible. At least, let us do the best we know how, with our one talent.

It is not the actual care of the sick, which proves the hardest task, for this we have all been taught as our A, B, C, and to the true nurse it will always be interesting enough to bring out the best in her. But on private duty more is expected of her; at least, more is hoped for. She must be a woman in this word's fullest meaning, ready with good sense always, and a kind word for everybody. It takes an endless amount of tact, it is true, to always know what to do, and how to do it, since our patients live under such different circumstances, sometimes without any servants and then again with a score of them. A nurse is often more criticized in the homes with many helpers than where there are none. This, I am sure, is not because of neglected duties, as she saw them, or because her patient's comfort was not her dearest consideration, but perhaps she was sometimes afraid of lowering herself or her profession in doing tasks where she would fall on a level with a domestic. I wonder if this might not be called false pride; it is a mistake I know more than one nurse has made. Honest work will never degrade anybody, and since we all serve, from the ruler of a nation down to his humblest subjects, we ought not to feel that any help we can give to others, whether these are above or beneath us in standing, will lower us. A kind word and deed will always be repaid. Often all that is necessary to start the house-

hold wheel in the right direction is a bright and cheerful good morning. It would be well to remember that

“Hearts like doors will ope with ease
To very little, little keys;
Then don't forget that two are these
Thank-you and if-you-please.”

A nurse must insist upon her daily hour or two off duty. It might have to be given up, for the sake of her patient, for a few days, but for this same reason, her patient's welfare, she must try to arrange things in such a way that it will not be necessary long. Somebody can always be trusted to stay in the sickroom for at least a half hour at a time, and during this precious hour I advise all my fellow-nurses to take a good, brisk walk, no matter what sort of weather. There is no panacea in the world like it to send away the blues; it not only cures but prevents this ailment. I would rather sleep an hour less than miss my outdoor exercise, even when sleep seems the most precious of all things.

It is also impossible to go on with nursing without, at least once a year, a little recreation, change of scenery and surroundings for a few weeks. If possible, travel a bit. We need to broaden. The changing about among patients is not sufficient, as we also need to live our own lives once in a while, for when on duty it is our patient's and not our own we usually live. A trip abroad is splendid once in a few years. Even if we have to spend the earnings of several months' hard work, it pays in the end—for “all work and no play makes Jack a dull boy.”

AN INEXPENSIVE OUTFIT FOR AN OBSTETRICAL CASE

BY SINAH FILE KITZING

Graduate of the Illinois Training School for Nurses

SUGGESTIONS for an obstetrical case which includes all the necessities and costs very little over five dollars may be welcome to some of the JOURNAL readers.

The list of all sterilized articles is as follows:

4 sheets	breast pledgets
12 towels	2 bed pads, one yard square
1 binder	applicators
flannel receiver for babe	2 nail brushes
8 dozen vulva pads	tape for cord
12 cord dressings	

These are wrapped in cloth covers, steamed over the boiler for an hour, and dried in the oven.

4 jelly glasses with covers	bed-pan
2 granite basins	bowl and pitcher
1 granite pitcher, 3 pints	fountain syringe

These are boiled for twenty minutes and slipped into fresh pillow cases ready for use.

To make up the above list the patient buys:

20 yards hospital gauze at 5c.....	\$1.00
2 pounds absorbent cotton at 35c.....	.70
2 rolls quilt cotton at 20c.....	.40
box toothpicks .....	.05
2 nail brushes at 15c.....	.30
narrow linen tape .....	.03
rubber sheet	1.00
pitcher .....	.35
2 basins .....	.45
bed-pan	1.00
	<hr/>
	\$5.28

The jelly glasses hold sterile applicators and boracic acid solution for baby's basket and the breast tray. The bowl is for hand solution, the large pitcher for keeping cold sterile water. These are a part of household furniture, as are the sheets and towels. If the fountain syringe is in good condition it need not be new, for it is thoroughly boiled. The receiving flannel is usually an old piece of soft blanket. Breast and abdominal binders are provided by the nurse.

From twenty yards of gauze are cut coverings for two bed pads, one yard square. The cord dressings and breast pledgets are cut four inches square through eight thicknesses of the material along the folds. All the remaining gauze is used for vulva pads, and makes four dozen, sixteen inches long, and four dozen eighteen inches long. All are four inches wide when finished. The cotton is cut the length of the gauze and no ends are folded over. These are rolled tightly from end to end and put up in packages of eight. Two ten-inch lengths of tape are folded in paper and sterilized in an envelope.

This outfit includes no drugs. The doctor for whom I have worked has a list at the drug store and the patient orders her physician's box. All packages in it are sealed, and those not opened are returned and

credit given for them. The doctors usually prefer the moist borated gauze for sponges and dressings during labor, so no other provision is made.

From this box are always used the lysol, green soap, bichloride tablets, alboline and boracic acid, but the catheters and hypodermic tablets, ergot and other possibly necessary things are there to be used if needed. Three or four dollars usually covers the expense in drugs.

OLD BELLEVUE

(Founded on Fact)

BY SR. M. MERCEDES

Convent of Mercy, Manchester, N. Y.

IT was on one summer evening, long ago, 1881, I think. The night nurse, Miss Watson, had just come on for the night and had been attracted to Ward Two, the boys' surgical, by suspicious noises. By good rights they should have been all in bed and sleeping the sound sleep given to all good boys, but who ever knew boys to be asleep on a summer evening at eight o'clock? There was one comfort, however, when once asleep they might as well have been out of the hospital for all the trouble they gave until morning. The boys, as has been said, were surgical cases and in pretty fair condition physically.

Miss Watson found the ward the picture of neatness, quiet, and order, with the twilight streaming at either end of the ward. But this did not in the least deceive her, she had been there before. She had heard a boot go whizzing across the ward and sounds of suppressed laughter before coming in and she knew, moreover, just where to place it. Crossing the ward she went up to a bed near the door, which led into Ward One, the men's surgical, and placed her hand on a red, curly head, exclaiming as she did so:

"Now, Timothy Reardon!" then changing her tone she went on: "Your hair is still wet from your bath. I thought all you boys had your hair cut this morning."

"Fritz said," giggled a boy opposite, "that he didn't dare to cut Tim's hair for fear 't would set the hospital on fire."

"Just you wait!" threatened Tim vindictively.

Then there was silence, for all heard the measured tread of the stretcher man bringing in a case to Ward One. As they passed through, the boys saw that an immense man lay on the stretcher with that quiet

immovableness that can only come when life has nearly departed. Walking beside it was a little woman shaking with suppressed sobs, while behind a policeman followed closely.

"A cop!" gasped the boys as the sad little procession passed on through the door into Ward One.

"Now what did I tell you," said Miss Watson, "Mr. O'Rourke, the warden, has had to send for the police to bring order into this ward and if I hear another sound in here to-night I will tell the officer to take half a dozen of you down to the Tombs in his 'Black Maria' which is standing out there in the yard waiting for you."

The lads, evidently thinking the matter had become serious, curled down in their beds and set themselves in earnest to the business of going to sleep, and Miss Watson, who was night nurse on all the first surgical division, passed into Ward One.

They tell me there are great changes in the old hospital and I know not if Ward One is even in existence now, but in those days it was a bright, sunny ward with French windows running down to the floor. They were behind the row of men's beds and looked out on the East River which ran almost within a stone's throw.

The last bed on this row was surrounded by a screen and the young house doctor with the orderly, Fritz, was behind it, undressing and examining the patient, while the officer looked grimly on. The little woman, glad to see one of her own sex, came close to Miss Watson and began to pour out her tale of woe between gasps of heartbreaking sobs.

"We were only married this morning." Miss Watson gave a little exclamation of sympathy. "Yes, my man, John Morris, and I have been waiting two years, and only last week he got a letter from his brother that he had staked out a government claim for us and that we were to come right on. We were on our way to the station and were going, oh, way out west, I don't know where, when,"—a pause and choke—"well, I will tell you, a horrid, mean, dirty fellow with whom I used to keep company ever so long ago, when I was a young girl in school, came to the house after the wedding and said,"—another pause,—“well, some dreadful, insulting things and *he* threw the villain out. I was afraid, for the fellow was half-seas over, and threatened to kill us both but *he* laughed at me and then, you know, we were going away to-night. Our tickets were bought and our baggage checked and we were on our way to the station when that miserable wretch sprang out on us, and they say *he* has killed the fellow.” Here the little woman ended with a long wail. Miss Watson quieted her by reminding her that she would disturb

the patients and that they would both be wanted to help, and, as she spoke, the house doctor came out from behind the screen and called her.

"The patient has some ugly contusions but there are no bones broken and I hope he will pull through in a few days," said he, looking pityingly at the weeping woman; then he added, in a lower tone, "I suppose you see it is a criminal case; the officer will have to watch him day and night. Perhaps if he has to swing he will not thank us for pulling him through." Then after giving her some orders for the night he went out of the ward.

The orderly came out and took the screen away while the little wife flew to her husband's side and Miss Watson began to fold up the patient's clothes in an orderly parcel to be carried down to the office. She was startled at the gruff voice of the officer.

"Keep away from there," he said, taking the little woman by the arm. "I want no whispering here."

She looked at the officer of the law, her eyes full of tears like a hurt, grieved child, and he stood back rather abashed at Miss Watson's look of indignation, muttering something under his breath about orders.

"Will you please let me take his clothes home?" faltered the wife. "You see what a state they are in, and I will bring them back when I have cleaned them, not that he will ever want them, I fear."

There could be no refusal, and when she proposed leaving him his watch the patient refused, saying, "No Kit; take it with you, you will want it, but I shan't." And with another burst of tears the little woman allowed Miss Watson to lead her from the ward.

A week went on and the case in Ward One did not improve as the doctor hoped; on the contrary he grew weaker and weaker, until he could no longer even turn in bed or feed himself, his voice had sunk to a whisper and he refused all nourishment except that which was given in a condensed, fluid form, at regular intervals. His wife came and went as often as allowed, but followed the policeman's direction and sat at some distance and brought him nothing. She, too, was in deep distress and grew visibly thinner and paler as the days went on. Both had the entire sympathy of the ward, and the officer its hearty aversion.

It was dull for that policeman, especially as he found no one was inclined to be social; therefore he was delighted to find that Fritz loved a good game of checkers as well as he did, so every night after all was quiet they played until it was time for Fritz to turn in himself. At first it was close to the prisoner's bed, but the light was bad there and they saw no need of watching him so closely when a stronger power than the law, weakness, was keeping him prisoner.

A great and learned authority was one day brought in for consultation. He looked at the patient scrutinizingly, took his hand and looked at the temperature chart. "A somewhat erratic temperature," said he.

"You may well say that, doctor," said the house doctor, frowning a little, "normal all day and rising at the same hour at night, but the night nurse is sure she makes no mistake and she is one who never does; yet look, 105° at midnight, 104° two hours later, and the morning temperature 98.5°."

"Lived in a shanty off the Boulevard," murmured the chief. The reader will remember that the Boulevard was just building in those days. The older man moved off as he spoke and the younger asked saucily:

"Well; what is your diagnosis? Lived in a shanty off the Boulevard?" The reply was inaudible and the two left the ward. They were followed by the priest, who courteously greeted the head nurse and asked the usual question, "Are there any in danger of death?" "It seems to me that Morris is very weak and needs your help, Father," she said.

The priest moved down the ward and bent over the prisoner's bed. After a moment he rose and as he came out the nurse met him and asked if she should bring a screen. "Not this time, thank you," and the priest passed on with an inscrutable countenance.

The house doctor came back and stood looking at the patient with anxious eyes. "I have been thinking," he said to the nurse, "that if we shaved his head and took a surface temperature we might find some pressure on the brain."

Alas! for the poor little wife who heard him. That night, about nine o'clock, Miss Watson came into the ward, tray and glass in hand, to give the prisoner his nourishment; she saw that the officer and orderly had moved to the other end of the ward and were playing their game on the table where her book of night orders was placed. She did not like to disturb the game, so after watching them some time in silence she went up the ward, but swiftly came back with her eyes wide with astonishment. "Fritz," said she, "where is Morris?"

The two men looked at her an instant and then sprang to their feet and ran down the ward. The prisoner's bed was empty and the prisoner gone. The two dashed out of the open window. All was quiet and the yard held no one; down to the river, but that too had only the sound of ordinary traffic and, as it was a rainy, drizzly night, they could only see the fog and rain and the dark water lapping against the low wall. "We're in for it, Fritz," said the officer as the two men made their way slowly back to the hospital.

Some ten years later the house doctor had occasion to send for Miss Watson to attend a patient of his who needed special care. He complimented her on her healthy, bright appearance when he saw her. "I may rightly be well, doctor," she said, "for I have been lazy all summer up in British Columbia visiting an old patient of yours."

"Ah," said the doctor, mildly interested, "who was that?"

"Morris."

"What," shouted the doctor, "tell me all about it."

"Why the day you threatened to shave his head the little woman got desperate and went off and hunted up the man he was supposed to have killed and who, she knew, was hiding from pure malice. She persuaded him that John was dying and that it was he would have to swing, not John."

The man was thoroughly frightened and readily agreed to have a boat ready to convey them out of the city, in case the thing could be done. The signal was agreed upon and at the sound of a whistle Morris sprang from his bed and made off like a streak of white lightning."

"But the fellow was so weak."

"In your mind he was."

"But the temperature?"

"He told me that in the dark there were other ways of warming up a thermometer. I presume by a little friction of the bulb on a blanket."

"Put me down an idiot."

"We were good idiots, I think," said the nurse. "I believe the little woman's prayers blinded us supernaturally. At any rate he is now the prince of farmers and has his quiver full."

UNFREQUENTED PATHS

BY ELSIE BOWDEN, R.N.

Graduate of the Melbourne Hospital, Australia

PERHAPS hospitals for contagious disease attract the least attention or interest of any hospital institution, except from those individuals who have had occasion to benefit by the care and advantages they provide.

It is only of comparatively recent years that hospitals for diseases of this nature have been taken vigorously in hand, and the attempt made to raise them to the standard of other special hospitals, so that the very words "contagious hospital" is to the majority of people sufficient to conjure up visions of a gruesome or loathsome character, in which direst conditions,—bad sanitation, incompetent medical attention, unskilled

nursing etc.,—prevail, all within a general atmosphere of appalling slipshod disorder and pure indigo. But we have changed all that. Certainly no one possessed of these ideas would, in sailing down the East River, dream of associating North Brother Island in the remotest way with contagion, yet the numerous red or red and white brick buildings scattered over the island in their setting of trim lawns and background of maple trees constitute the Riverside Hospital, the chief of three contagious hospitals under the management of the New York City Department of Health.

Ferries run hourly from New York, and on three week-days and Sundays the patients may receive visitors.

On these days a stranger may be puzzled by the number of people hurrying in all directions, garbed in what appear to be voluminous night-gowns which completely envelop the wearer. He wonders vaguely if Hallowe'en has taken him unaware. Matters become clearer when he is issued into the visitors' room proximate to the wharf. In this room the walls are lined with narrow closets, each provided with a key. In them the visitors deposit hats and jackets and don the gowns they find hanging there, locking the door and taking the key with them, so no one's things are lost or taken by mistake.

The average number of patients is three hundred. Of these one hundred are tuberculous, and for the amelioration or the comfort of these, apparently every device scientific and philanthropic is provided. The six large pavilions on the southeast side of the island are devoted to this department. They are of weather-board structure; some are separated into several rooms; all are large and airy and scrupulously clean. It is pleasant to record that four of these wards are relegated to those whose recovery is possible; one is especially equipped for advanced cases, one for those in the medium stage.

Of the first and largest division, one's impressions are all of good cheer and thankfulness. For, aided by human care and kindness, the fresh air and sunshine and good food are achieving their incomparable results. Except in very rainy weather the patients live out of doors or in the cheerful glass sun houses in which are comfortable chairs dressed in cozy red covers. They seem a sociable community and overhearing scraps of conversation one learns that the two most absorbing topics relate to the amount of milk and the number of eggs consumed between meals, and the increase of weight; for each one is weighed once a week, and the supreme satisfaction with which an increase is announced, could not be excelled were some laudable feat of personal valor being related. Those of literary bent avail themselves of the well-stocked library, an alluring little building of red bricks covered with Virginia creeper, while

the industrious employ themselves with bead-work or wood carving taught them by a benevolent lady visitor.

In the acute ward, the long rows of beds are curtained off from the central aisle and each bed is separated from every other by a ground-glass partition, seven feet high, thus making what is practically a private room for each patient. Of these most pitiful of all sufferers, there is little to say. Every possible thing is done, the closest attention given. In the presence of the world-old mystery of pain most of us can only think vaguely of the Larger Hope, and be silent.

The department for measles is a large substantial building accommodating one hundred and twenty patients. Here the same perfection or order prevails. Large airy wards, immaculate cribs, immaculate beds, immaculate everything. Opening off the wards are sun parlors, where the convalescent children play. The children are happy and rosy children, consequently *not* immaculate.

Noticing one, a dark-eyed mite, we learn from the supervisor that he is one of a family of six from the East Side Hebrew quarter, where they were discovered with their mother in a practically starving condition, the father in jail for shooting his brother. The mother's reason was impaired through worry and lack of food. She was taken to Bellevue. All the children, the youngest only a few months old, had measles (fortunately, one privately thinks) and were brought to Riverside, where they had the time of their lives.

This happened in December, and so the mites had their share in the Merry Christmas, and heard for the first time of dear Old Santa Claus. "He don't never come down our street," said the eldest boy. "Perhaps there are no good boys on your street." "What d'ye mean by good boys?" asked the lad, and indeed the supervisor said, "It is easy to believe he didn't know, for a more unmanageable creature didn't exist." The lad had never been taught the difference between right and wrong. It was explained that when the nurse said, "Do this," and they did it, or said, "Don't do that," and they did not, Santa Claus would come. He came,—after half the night had been spent in breathless watching; till sleep overcame weary little eyes. He came,—the first Santa Claus. Imagine the joy of it, and the pathos. Perhaps, indeed certainly, these poor little waifs (and many others for this is but an instance) have never partaken so largely of the good things in this world, never been so warmly clad, never so carefully cared for, never so greatly loved; for it is genuine love with which these nurses (who appear to be especially created for this work, so unselfishly do they perform it) gather these homeless waifs to them, and mother them.

The wards for scarlet fever and diphtheria are on the pavilion plan similar to those of tuberculosis patients. In all cases whenever practicable the patients are kept out of doors. The very sick ones are carried out when possible, cribs and all. And what a beautiful out of doors it is! With the beautiful lawns, the many winding walks margined with elm or maple trees, and everywhere, flowers. And how fascinating to watch all those white boats; those busy tugs; those gay yachts; those big boats, that often produce music as they pass; and to listen to all the different kinds of whistles so dear to childish hearts!

The great majority of patients are children, and the great majority of children are now English speaking. Very young children are accompanied by their mothers. Amusing incidents often occur through the confusion of tongues. A Slavonic woman kept pointing to her baby and asking "marote, marote." A German woman professing to understand, explained that marote meant, "getting better." The nurse, anxious to satisfy the mother, approached her and announced, smilingly, "Sein kind ist marote, Frau, marote," whereupon the mother broke into piteous wails. "Marote, Frau marote," gaily reiterated the nurse, believing she was emphasizing the child's improvement, but the wailing only increased. Afterward she learned that marote meant dying.

An Italian man, on admission, was taken into the bathrooms for the customary bath. The bath was drawn, clean pajamas provided, and he was left to take his bath. In a short time he appeared arrayed in pajamas, but with no sign of recent ablutions. On investigation, all his garments including his hat were found in the bath-tub. Plainly, in his estimation, the only reason for tubs of water was the washing of clothes.

The two charming cottages of red and white brick deserve special mention. They each consist of three tiny wards, each with bath, diet kitchen and pantry. The walls are soft green, door and window frames glistening white enamel. The floors are gray tiles, the skirting white marble. These dainty cottages are for special or isolated cases. The nurses love them. "It is just like keeping house," says the nurse in charge of one of them, where she has an interesting little community of five chubby sun-kissed children known as the "chronics." This is explained to mean chronic tube cases; and Dr. Dwyer who instituted the practice of intubation could ask for no finer example of the success of his method, for without the knowledge of it all these little lives had been forfeited.

Eugene, aged three years, came to Riverside at the mature age of one year. For two years he has "lightly drawn his breath" per tube. A few weeks ago a tracheotomy, in the hope that, if successful, he might be able to dispense with his tube entirely, was performed.

(Since writing this paper, I am informed that Eugene has been without his tube for a week and breathes without difficulty, so the practice of tracheotomy in chronic tube cases is proven successful, and an epoch marked in affairs intubationary. The other children are to undergo similar treatment immediately.)

There is a large steam laundry equipped with the latest labor-saving machinery. There is a chapel, one-half for the Roman Catholic service, and the other half for the Protestant. There is a trim tennis court.

The doctor's home near the centre of the island is a comfortable looking house, and in the nurse's home beside it the "home atmosphere" is truly present. The nurses themselves are excellent exponents of island life. The tired, dragged-out appearance so familiar to us among most hospital nurses is entirely lacking, and everyone seems in good health and light spirits, and all unite in loyalty to and interest for the island. Here there is nothing of the petty tyranny we hear so much about of late. Each nurse does her best, knowing that in return she will receive appreciation and consideration; because the highest standard in nursing and personal character is required. The nurses say, "It is hard to come and it is just as hard to go," and certainly the wheels of life run smoothly on the island, the oil apparently being the mutual respect and bonhomie between superior and subordinate, a condition of affairs not found every day.

The other hospitals for contagious diseases are the Willard-Parker at Sixteenth Street and East River, where an average of three hundred cases are received per month, and the Kingston Avenue Hospital in Brooklyn for Brooklyn cases and the newly arrived immigrants. Three hundred cases per month is the average number received.



THE call to health has humanitarian aspects. Is it a light or small affair to postpone premature death, or to avoid sickness, and thereby postpone or avoid the pain, the sorrow and the weeping of those who would mourn? Is it not a kind of cruelty to allow infected water or milk to carry into happy homes the germs of typhoid or scarlet fever? If a thief in the night should wound and kill, as milk-borne typhoid often does in a family of children, should we not call him cruel? Sickness and death from carelessness are not, perhaps, as repugnant or as cruel as those from malice or robbery, but the actual effects upon the family and the social organism are much the same. —WILLIAM T. SEDGWICK, in *Yale Medical Journal*.

HOUSEKEEPING FOR TWO

By ANNA B. HAMMAN

(Continued from p. 986, Vol. viii.)

As a change from the various wheat and oat preparations which are oftenest used for breakfast cereals, granulated hominy is occasionally good. This should be prepared the night before and reheated for breakfast, as it needs thorough cooking.

Granulated Hominy.—One cup boiling water, one-fourth teaspoon salt, one-fourth cup hominy. Add salt to water and stir in hominy. Cook at the boiling point, stirring enough to prevent sticking, until it thickens. Then cook over hot water an hour.

Creamed Dried Beef.—For those who are not quite satisfied with cereal and fruit for breakfast and who yet are not equal to consuming steak or chops in the morning, a dish of creamed meat or fish will give the needed heartiness to the meal. The best grade of dried beef is moist, tender and not oversalt, and does not need freshening. But if the beef is at all hard or too salt, it should be freshened by pouring over it boiling water and allowing it to stand ten minutes. Tear the slices in small pieces, making half a cupful. Put in a saucepan two tablespoons of butter, melt, add two tablespoons of flour, and cook until blended. Add the beef and one cup of milk. Cook, stirring constantly, until the milk reaches the boiling point. This cooks the beef sufficiently, without hardening it, as cooking at the boiling point does.

Apple Sauce.—This is particularly good served for breakfast with the dried beef. Cut into quarters or eighths three or four tart, juicy apples, pare and take out the cores. Rinse the pieces quickly in cold water and put them into a saucepan with a very little water to prevent scorching until the apples begin to cook. Cook until perfectly tender. Sweeten to taste a few minutes before taking from the fire. Beat until smooth or put through a sieve. Apple snow, which makes a good luncheon dessert, is made by adding the stiffly beaten white of an egg to apple sauce made a trifle sweeter than usual.

Cream of Tomato Soup.—Cool, fall days make a hearty cream soup acceptable for luncheon or supper. For the tomato soup, use one cup of tomatoes measured after cooking and straining, one cup milk, one and one-half tablespoons butter, one tablespoon flour, one-half teaspoon salt, one-eighth teaspoon pepper, one slice onion. Either fresh or canned

tomatoes may be used, and they should be cooked gently until the pulp is soft enough to pass easily through a sieve, leaving only the seeds behind. Scald the milk with the onion. Melt the butter, add the flour and cook together three minutes without browning. Add tomato juice and seasoning, bring to boiling point, stirring constantly. Add tomato mixture gradually to scalded milk. Care should be taken to keep the soup well below the boiling point after putting tomatoes and milk together. One-sixteenth teaspoon of baking soda may be put into the tomatoes just before adding them to the milk, to prevent curdling. But with care a smooth soup can be made without the soda, and it has a rather better flavor than one in which soda is used.

Crutons.—Cut two slices of stale bread one-half inch thick. Spread very lightly with soft butter. Cut into half-inch cubes, put on a pie tin and place in a slow oven. Shake frequently, and bake until a delicate brown on all sides. Serve with the cream of tomato soup.

Baked Fish.—Get any seasonable fish not too large to be consumed by two people. Be sure that it is fresh. These are the marks of fresh fish: firm flesh, bright, bulging eyes, bright scales, gills a good red, and, of course, a fresh smell. The fish will be scaled and the entrails removed at the market, and the head taken off if you wish. The fish should be wiped thoroughly inside and out with a damp cloth. Any remaining scales and any clots of blood along the backbone should be removed. Season the fish plentifully inside and out with salt and pepper. Prepare a stuffing as follows: Mix one-half cup cracker crumbs, one-half cup stale bread crumbs, four tablespoons melted butter, one-fourth teaspoon salt, one-eighth teaspoon pepper, few drops of onion juice, one teaspoon chopped parsley, one-fourth cup hot water. Put in the stuffing and sew up the fish with a darning needle and stout darning cotton or soft cord. Lay some strips of fat salt pork or a sheet of tough greased paper in the bottom of the baking pan, so that the fish will not stick. Bake in a moderate oven until the flesh is tender enough to leave the backbone easily when tried with a fork.

Parsley Butter.—This is a good sauce with baked fish. One tablespoon butter, one teaspoon finely minced parsley, one teaspoon lemon juice, few grains of pepper. Rub the butter to a cream, add salt, pepper, parsley, then beat in lemon juice gradually.

Mashed Potatoes.—Scrub, pare and rinse the potatoes. Put them into plenty of boiling water and boil gently until tender. Add salt about ten minutes before they are done. Drain and dry them thoroughly. Mash them, preferably in the hot kettle in which they were cooked, with a fork or wire potato masher until free from lumps; add salt, pepper, butter and hot milk or cream. Beat until perfectly light, and do not

mash down afterwards. To two medium-sized potatoes add a tablespoon of butter and enough milk to moisten, but not to make them wet.

Creamed Cauliflower.—This aristocratic relative of the cabbage is easily prepared, but it is also, like its humble kinsman, easily ruined by poor cooking. Select a small crisp white cauliflower, free from blemishes. Take off the green leaves, and cut the stalk close to the head. Break, not cut, the head into the large clusters into which it naturally divides. Throw them into a bowl of cold water and let them stand an hour if convenient, so that any insects which may have lodged among the flower buds will come out. Drain, put into plenty of boiling water, and boil, *uncovered*, until tender, adding salt about five minutes before it is done. It will cook in twenty to thirty minutes. The common mistake made in cooking cauliflower is to cook it too long and in a covered kettle. This is likely to discolor it and also make it indigestible.

The cauliflower may be served with a seasoning of salt, pepper and butter, with a drawn butter sauce, or with a white sauce.

White Sauce.—One tablespoon butter, one tablespoon flour, one-half cup milk, one-eighth teaspoon salt, few grains of white pepper. Melt butter, add flour and cook three minutes; add milk and seasonings, and stir until mixture boils. This white sauce will answer for creamed vegetables of all kinds and for creamed meat and fish. A little cream in place of a part of the milk is always an improvement. The sauce may be varied in consistency by changing the amount of flour used. Practically all sauces and gravies are made in the same way, substituting various liquids for the milk, as, for instance, tomato juice in making tomato sauce.

Baked Chocolate Pudding.—On the menu board of a certain school lunch room there appeared one day "chocolate bread pudding." The remarks of the students as they discovered it were not complimentary, and the despised bread pudding was left on the hands of the lunch room manager. The next time, made wise by experience, she put on the board "baked chocolate pudding," and every pudding vanished. It is worth trying some day when you have a few pieces of stale bread on hand.

One-half cup stale bread crumbs, one cup scalded milk, one-half square chocolate, two and one-half tablespoons sugar, few grains of salt, one-fourth teaspoon vanilla, two tablespoons slightly beaten egg. Soak the bread crumbs in the milk one-half hour. Melt chocolate over hot water, add sugar and a little milk from the crumbs. Stir this into the bread and milk, add salt, vanilla and beaten egg. Turn into buttered pudding dish or into custard cups and bake in a moderate oven until firm. Serve with a hard sauce made from one tablespoon of butter and three tablespoons of sugar. Rub the butter to a cream, add the sugar gradually, and flavor with a few drops of vanilla.

RED CROSS WORK



TUBERCULOSIS CAMPS IN NEW YORK STATE

ON June 29 the first tuberculosis day camp of the American National Red Cross was opened in Schenectady under the auspices of the Schenectady County Subdivision of the New York State Branch of the Red Cross. It is the first of five Red Cross day camps established, or to be established, this summer in America.

A Red Cross day camp will be opened in Albany within a short time and another in New York City on October first. Other Red Cross day camps are located in Washington, D. C., and Wilmington, Del.

The Schenectady Red Cross day camp is located in a pine grove on high flats in the southeastern part of the city. It has two permanent wooden buildings—an office and a kitchen—and on platforms a large dining tent, two hospital tents—one each for men and women—and two conical tents for night campers. A medical visiting committee, whose members visit the camp in turn for an hour or two a day, are Drs. C. F. Clowe, H. L. Towne, Peter McPartlon and J. H. Collins. The camp is in charge of a superintendent, Miss Sarah B. Palmer, R.N., who was in charge of the floating hospital in New York City for three years. The nurse is Miss Rose Hofmeister, R.N., formerly of Utica; a temporary nurse has served nights part of the time; the camp has also a cook to prepare the noon meal and the milk, eggs, etc., served at other hours of the day. The camp opened with six patients and now has fifteen, the probable limit this year. The camp will be open until November first and perhaps longer. The design was to take only incipient and moderately advanced cases, but it has been difficult to draw the line in the undertaking, and the camp has four fairly advanced cases—one of which is confined to bed. Several patients sleep at the camp. The camp has received its patients from the municipal dispensary. Home supervision will be given by local organized charities.

The Albany Red Cross day camp, which it is expected will open soon under the supervision of the Albany Subdivision, will be located on Kenwood Heights on land generously furnished by the Albany Hospital for Incurables.

The camp arrangements are in charge of the day camp committee, of which the medical members are Drs. Howard Van Rensselaer, Henry

Hun and Charles K. Winne. The nurse will be Miss Nellie Coligan. The superintendent's name cannot be given at present. Probably the services of another nurse will be necessary. There will be a cook. The camp's limit this first year for the day camp alone will be about fifteen patients. Incipient and moderately advanced cases only will be handled in the camp.

The Red Cross day camp committee is, for purposes of coöperation, a subcommittee of the local tuberculosis committee of the State Charities Aid Association.

The New York City Red Cross day camp is to be conducted by the New York County Subdivision of the Red Cross and will be located on the roof of the Vanderbilt Clinic, a dispensary department of the College of Physicians and Surgeons, which is the medical department of Columbia University, and is at the corner of Sixtieth Street and Amsterdam Avenue. The Clinic will fit up the roof at an expense of \$10,000 and will supply medical supervision to the camp. The New York County Red Cross will supply nurses, attendants and nourishment to the forty or more patients to be received.

Inasmuch as the Clinic is a member of the Association of Tuberculosis Clinics of the city, the Red Cross will thus be brought into the organization.

The camp will open October first and will continue during the day all the year around. After the first few months, it is probable that the camp will be open day and night. The superintendent of the camp will be Mr. Charles B. Grimshaw, superintendent of the Clinic, and supervision will be given by members of the regular staff of the Clinic. The capacity of the camp will be at least forty and probably more patients. Incipient and moderately advanced cases will be received and when the camp is running the twenty-four hours of the day, probably more advanced cases can be handled.

In establishing these camps the American Red Cross joins hands not only with the National Association for the Study and Prevention of Tuberculosis, the State Charities Aid Association and other organizations already engaged in the field, but with the other members of the International Red Cross, the German and Russian Red Cross, which have been engaged for ten or twelve years in tuberculosis work. The day camp idea is really a contribution of the German Red Cross, and it is therefore peculiarly appropriate in its being made the chief phase of the American Red Cross's work. It was adopted only after investigation and consultation with the leading experts and after recommendation to the

Red Cross by the National Association for the Study and Prevention of Tuberculosis.

The day camp is of approved value in this country as well as abroad. The first day camp in this country was opened in Boston some three years ago and has given such a good account of itself that it has been taken over by the new Consumptive's Hospital located in Mattapan. Other camps have also been conducted in Boston, Salem, Mass., Washington, D. C., and in New York City on the disused ferry-boat *Southfield* conducted last year by the Charity Organization Society and this year by Bellevue Hospital. The camp has in fact come to be recognized as an indispensable part of every progressive plan for the relief and control of tuberculosis and therefore offers a wide field for useful work on the part of an organization so large and influential as the Red Cross, while at the same time its relative inexpensiveness and simplicity of conduct will not require the raising of large sums or the maintenance of a large force of workers, thus diverting the energies of the Red Cross from its first, if not more important obligation of assisting the medical department of the army in time of war, and of serving as the official emergency relief organization of the people in time of great national calamity.

The Red Cross—national and local—has practically no funds with which to carry on this work, since it retains for its own use no part of the millions of dollars which pass through its hands and which are given for the specific purpose of mitigating suffering in given localities, as San Francisco, China, Japan, etc., and since its membership dues are merely nominal—one dollar per annum—and hardly meet the expense of organization. The relatively small emergency fund at national headquarters is available only for war and disaster, and the endowment fund only for national calamities of the greatest magnitude. Tuberculosis indeed is a calamity, second to none other, but the terms of the national charter do not permit the deflection of the funds to this use, nor, moreover, would it generally be deemed wise. The Red Cross is therefore appealing for voluntary contributions, and is confident that these contributions will be received in amounts sufficient to conduct a large number of day camps similar to the ones already instituted.



NURSING IN MISSION STATIONS



A VISIT TO THE MEMORIAL HOSPITAL, LODHIANA, PUNJAB, INDIA

BY "SANSI."

THIS is one of the largest mission hospitals in India, and is connected with the North Indian School of Medicine for Christian Women.

The first block, built in memory of a Sister, was opened in 1899 with about forty beds; to-day the main building covers four sides of a square. More land has been acquired on which a theatre, ward for private patients, and a very fine out-patient department has been erected; the capacity now is one hundred beds. On October 5, 1901, there were five beds occupied, now the one hundred beds are often occupied. Those who have watched with interest from year to year its growth are struck with the rapidity of it. In 1906 there were 866 in-patients treated; in 1907 the number reached 1188. The increase in the out-patient department was from 13,366 in 1906 to 16,577 in 1907.

Viewed from the outside, one is struck by the lack of windows and doors. There are some windows but they are not very large and seem so high up, and the one door is covered with a reed curtain, but this very thing which seems a drawback to our western minds, is a great recommendation to the eastern, who seek seclusion for their women.

When we enter, the contrast is great. Let us picture a large one storied building with a flat roof, built on four sides of a large square, with the back turned out towards the road which runs on three sides of it. To the front, wide verandas run right round, and in the inclosed square different kinds of trees have been planted which are already beginning to afford a pleasant shade, where the patients who are able to come out delight to sit. This seems an ideal plan for a Zenana (women's) hospital.

As we enter the oldest block, through the one door which leads off the public road, we find ourselves in a small hall; opening off this to the right and left are two small private rooms. These are for private native ladies who pay about sixteen cents per day, supplying their own food. Sometimes poor Europeans, who cannot afford the larger rooms, take

these, and pay about half a dollar a day. This includes board,—medicine and treatment being free.

From the hall we enter a fair-sized room which is used as the nursing superintendent's office. This contains a wall cupboard in which are kept the linen in daily use in the ward, stock medicines, etc. Sitting at the large table in the centre of the room we noticed, when the doors were open, that we could see everything that was going on in the two large wards which opened off at right and left. The ward to the right contained sixteen beds and was set apart for Hindus. The ward to the left, which was exactly the same, was reserved for Mohammedans.

In both these wards the upper portion of the wall and ceiling was limewashed, while a dado of washing paint in a dark shade of peacock blue about four feet high looked very effective. The woodwork of the doors, windows, and screens was brown, the curtains of the screens being red turkey twill. The white enamelled bedsteads were covered with red blankets, and the combination of colors was very pleasing. Beside each bed was a plain white wood table on which stood the earthenware water bottle used in this part of India. Over each bed was a small medicine bracket; we were told that these had been found very useful, as often there would be three women of the same name in the ward at the same time, and as they had no surname by which they could be distinguished, when the medicines were kept in a cupboard it caused confusion. Now, the nurse whose duty it is to see the medicines brought from the drug room, carefully divides them out and puts each patient's medicine in the bracket over her head.

Up to last year, medical and surgical patients were treated in the same wards. This to our western ideas sounds bad, but it has been done for two reasons: first, because there were only these two main wards, and as the different castes must be kept separate it was not possible to set one of these apart for medical cases; and second, often the surgical and medical patients would be friends and would make it one of the conditions on which they would consent to stay for treatment that their beds be side by side. The new block of buildings contains a medical ward.

The children's ward is also in the new block. In India, children's ward does not mean exactly the same as it does with us. Parents will hardly ever let their children come as in-patients unless the mother or some relative can stay with them, and as this generally means that the mother must occupy the same bed as the child, they are treated in the ward with adult patients. But every mission hospital in India has its own babies. They are sometimes orphans, and often when a baby is not wanted by the friends, it may be because the mother was not married,

or because it's a girl and the people are very poor, it is brought and given to the doctor.

Next we are shown the theatre which is detached from the rest of the building so that there is no fear of infection from the wards. As the majority of the patients are surgical, this is a very important place. The operating room is a fine room with rounded corners and painted with a whitewashing paint. Opening off it are the anæsthesia room, the instrument and dressing rooms, and the linen and sterilizing rooms.

A pressing need has been a larger sterilizing apparatus, as the small one now in use is inadequate and unsafe. This is one of the things for which funds are now asked. Perhaps some who read this could help.

There are four nice sized private wards for European patients, but what interested us more than any other part of the hospital were the wards especially built for native ladies. Two of these were built by a Hindu gentleman in memory of his wife. They are nice sized rooms with a very fine veranda in front. As is the custom in India, each room has its own bathroom. In addition, each of these rooms has a cook room and a separate court-yard with a door opening out on the public road. For these the charge is about thirty-two cents per day. They are taken generally by rich native ladies who bring their servants and often some of their own furniture and almost always a goodly number of relatives. Their male relatives can come in at any time except when the doctor or nurse is present. Their own servants cook for them, and often it seems as if the whole family came to the hospital for the time being. We were told that patients have come in from the country round bringing husband, brother, and all their children. The men not being allowed to stay at night, simply hired rough country beds and slept on the roadside outside the hospital walls.

That patients should be allowed to have their food cooked in their rooms needs explanation. No well-to-do patient would eat hospital food, not only from caste principle, which means so much to them, but they have an extraordinary idea that while they may take medicines free, it would be beneath their dignity to take food without paying, so that all who can afford, even if they are in the free ward, get their food from home. Of course this has its drawback, as it is often difficult to supervise what they get, and often when the doctor has ordered a light diet, curry and the unleavened bread of the country will be smuggled in by friends, so that nurses have to keep a sharp lookout.

My readers may well ask how any nursing is done for the patients who take these private wards if they have their friends with them. If the patients are very ill, or after an operation, where quiet is required,

it is explained to the husband or other male relation that only one woman can be allowed to stay with the patient. When things are explained to them they are always willing to do what the doctor thinks necessary. Indeed, it is often wonderful the confidence they have; in their polite Eastern way a man will say of his wife to the doctor: "She is your daughter, do whatever you wish to her." But when patients come in for slight ailments they expect to be allowed to live in these rooms pretty much as they do in their own home. They feel this is the privilege for which they pay.

The last block visited was the new out-patient department. This contains an open waiting room where, during consulting hours, a Bible woman sits and sings hymns and tells the Gospel story to the patients in their own language. There are also consulting room, dispensary, drug store, dressing room, eye room and gynæcology room. This block was opened last year and has been found a great comfort.

Building is still going on. We were told that a ward for students and nurses and additional accommodation for the staff are to be built this year, and that an isolation block, a yard for the open-air treatment of tuberculosis, and a laundry are being planned for the future.

In 1904, a scheme for the reconstruction of the training school for nurses was laid before the committee and accepted. Previous to this there was no fixed standard of education required for candidates and the length of training was two years only. The new scheme required a definite standard of education, and the length of training was raised to three years, three months extra being required if pupils wished to study midwifery and take the government diploma in that branch. Candidates are admitted on three months' probation. They are chiefly Indian Christian girls, but Europeans and Eurasians are also taken. The opportunities for surgical training are exceptionally good and the theoretical training is very thorough. Courses of lectures in anatomy, physiology, minor surgery, hygiene and the administration of anæsthetics are given by the teaching staff of the North India School of Medicine. At present there are fifteen pupil nurses.

We shall now say something about the efforts that are made to win the patients from heathendom to Christ. First, and most important of all, is the daily life of the Christian doctors and nurses which is watched so closely and often commented on by the patients. Then every morning in the wards, the doctors, students, and nurses take morning prayers in turn. Every Sunday afternoon one of the doctors takes a service. This is a special opportunity, as friends of the patients are allowed to come. Then every afternoon at a time when most of the nurses are having a

rest and there is little to do in the wards, a Bible woman comes and teaches any who wish. Then, as we mentioned, the Bible woman sits in the out-patient waiting room during consulting hours and teaches there. Thus in the course of the year thousands of women and children hear the good news of One who has come to save them.

What are the results? Some have left all and followed Him, and others, though they have not the courage to break old ties, have found rest for their weary souls, and God knows them that are His.

It might interest readers of this article to know that the nurses of Clifton Springs Sanitarium support a bed in this hospital.

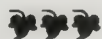
ITEM

Spirit of Missions says: Plans are under way for the erection of a home for nurses, in Manila, to cost \$5600. While this amount will not supply an entirely adequate house, it is all the money on hand at present. A good beginning has been made in the training of young Filipino women as nurses at the University Hospital.



TRANSPLANTATION OF OVARIES.—The *American Journal of Surgery* says: Martin reports in *Surgery, Gynæcology and Obstetrics*, the further history of two cases of heterotransplantation of the ovaries. In neither did the menstrual function return, although distinct relief of menopause symptoms resulted. A third case has been lost sight of. In five cases of homotransplantation, menstruation continued in four, and no menopause symptoms developed. In the first two cases a considerable period had elapsed between the removal of the ovaries and a second operation for transplantation, thus allowing uterine atrophy to progress, possibly beyond a point where *restitutio ad integrum* was to be expected. The technic in heterotransplantation consisted in reëstablishing a tubal lumen and implanting thin disks of normal ovary into the broad ligament close to the site of the new tubal outlet. In homotransplantation, thin disks of remaining normal ovarian tissue are similarly implanted. The operation causes no unusual reaction, and is worth trying. References and abstracts of the literature covering the entire subject conclude this interesting article.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

MODE AND DURATION OF CONTAGION IN SCARLATINA.—The *Medical Record*, in a synopsis of an article in *Journal de Medicine de Paris*, says: Zilgien thinks that we are passing from the phase in which we believed that scarlatina was most contagious during the stage of desquamation into one in which we recognize the fact of its marked contagiousness during the period of the angina. He believes from his observation of such cases that after the acute symptoms in the throat have ceased in many cases the patient may be allowed to mingle with society without danger. The products of expectoration from the throat are the most dangerous means of carrying the disease. In other rare cases the contagion appears to continue long after desquamation is complete. The author describes a case in which there was severe angina and isolation was carried out. Some time later another attack of angina occurred and in this also isolation was carried out, and no contagion was carried to any other person, although a profuse desquamation went on for several weeks. To offset this case he describes an epidemic occurring in a school, in which one child seemed to be the source of contagion to others long after desquamation was complete. The author believes that the means of contagious infection is generally a suppuration of the middle ear, or the presence of adenoids, or hypertrophied tonsils, in which the means of infection is carried for a long time. Prophylactic treatment would include the care of the throat and nose especially, and their daily disinfection as long as suppuration lasts.

SAWDUST BREAD FOR HABITUAL CONSTIPATION.—The *Journal of the American Medical Association* has the following: Blümel says that an ounce of finely sifted beech wood sawdust can be worked into a pound of wheat bread dough without affecting the taste. He has used this "cellulose bread" in eighty cases and found it effectual in curing even old, rebellious constipation. The patients ate this bread exclusively after a preliminary course of castor oil or injections. The only failures

were in severe cases of hysteria or neurasthenia, chlorosis or enteroptosis. He warns that the trees must be felled late in the fall or the sawdust will have an unpleasant taste.

INTRAVENOUS MEDICATION.—The same journal, in a synopsis of a paper in *Therapie der Gegenwart*, says: Mendel is a warm advocate of intravenous medication, and here describes further experiences with it and research on the action and elimination of drugs injected into the veins. For this research sodium salicylate and iodide, each in a 20 per cent. solution, are particularly instructive as they are taken up entirely by the circulation and their elimination can be easily and completely traced. The desired concentration of the drug in the blood can be obtained with smaller doses by intravenous injection, and the elimination is much slower than by other routes, which still further enhances the effect. This renders the danger of toxic cumulation more imminent in intravenous administration of such drugs as strophanthin and digitalis.

FADS IN CLOTHING.—The *Medical Record* concludes an editorial with this title thus: There is little doubt that many persons, at the present day, coddle themselves too much, and it is more or less certain that very many of the common ailments of children proceed from their being too warmly clad. It probably is true, too, that woolen garments are not nearly so hygienic as they were at one time supposed to be. They become sodden with perspiration, and, being very absorbent, take up all the effete matters given off by the skin. Common-sense in clothing is as necessary as the exercise of that quality in any other question bearing on health.

NERVE SUTURING.—The *Medical Record*, in discussing this subject, says: From Oberndörffer's statistics we see that two-thirds of the cases of neurorrhaphy were successful. Where there is a large wound the function of the nerve should be tested immediately, and if found impaired the severed nerve should be sutured at once. In fractures the nerve is usually not affected until a callus forms, but even if it is divided at the time of injury neurorrhaphy had best be postponed, as it would hardly seem wise to make a compound fracture out of a simple one. We may say that unless there is a large wound the treatment of nerve division should be expectant, provided the nerve suture is performed within six

months after the trauma. The operation has certainly been performed frequently enough and with sufficient success to justify repetition.

DIPHTHERIA AND THE SEBUM TREATMENT.—The *New York Medical Journal*, quoting from *La Semaine Médicale*, says: Baginsky says that in diphtheria as such there is a certain limit to the efficacy of the serum treatment, that a certain number of fatal cases will always be met with, but that this number can be materially reduced as soon as the knowledge of the value of the serum treatment and of the importance of its use at an early date becomes more wide-spread among the public, and also as soon as full, absolute confidence in this treatment is found among all practitioners, who will also be possessed of the method of employment and of the knowledge as to the proper doses to use.

TINCTURE OF IODINE IN PUERPERAL FEVER.—The *Medical Record*, quoting from *La Riforma Medica*, says: Aldo Mergari describes his method of using tincture of iodine for the differential diagnosis between syphilis and tuberculosis in seven cases with marked success, the improvement being manifested in a single day after treatment was begun. He washes out the vagina and uterus with antiseptics, curettes when it is necessary to remove placental fragments, and then injects through a Doleris sound from 100 to 150 grams of equal parts of tincture of iodine and water. This is allowed to flow out as soon as any pain is felt, and the excess is washed away with boiled water. No tampons are used. The author ascribes the good results to the large amount of normal iodine that enters the uterus.

TYPHOID PREVENTIVE INOCULATION.—In the *Journal of Tropical Medicine* Fox discusses this subject, including the theory and method of the inoculation, very thoroughly, and urges missionaries and others working in tropical countries to have themselves inoculated. He considers that its utility is proved, and recommends that the vaccine be obtained from laboratories under the control of the discoverer. The duration of the immunity is probably not less than two years.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

THE INTERNATIONAL NURSING CONGRESS OF 1909

“THE organizers of the International Nursing Congress to be held in London in conjunction with the Quinquennial Meeting of the International Council of Nurses have already secured the Caxton Hall, Westminster, from July 20 to 23, 1909, for this purpose. The whole suite of rooms has been retained, the Large Hall and ante-rooms, Council Chamber, and No. 13, Small Hall, with 14, 15, 16, 17, and 20, for the convenience of members, as committee, rest, press, and dressing rooms.

“In conjunction with the conference, it is proposed that nurses shall organize a real practical exhibit of their own work.

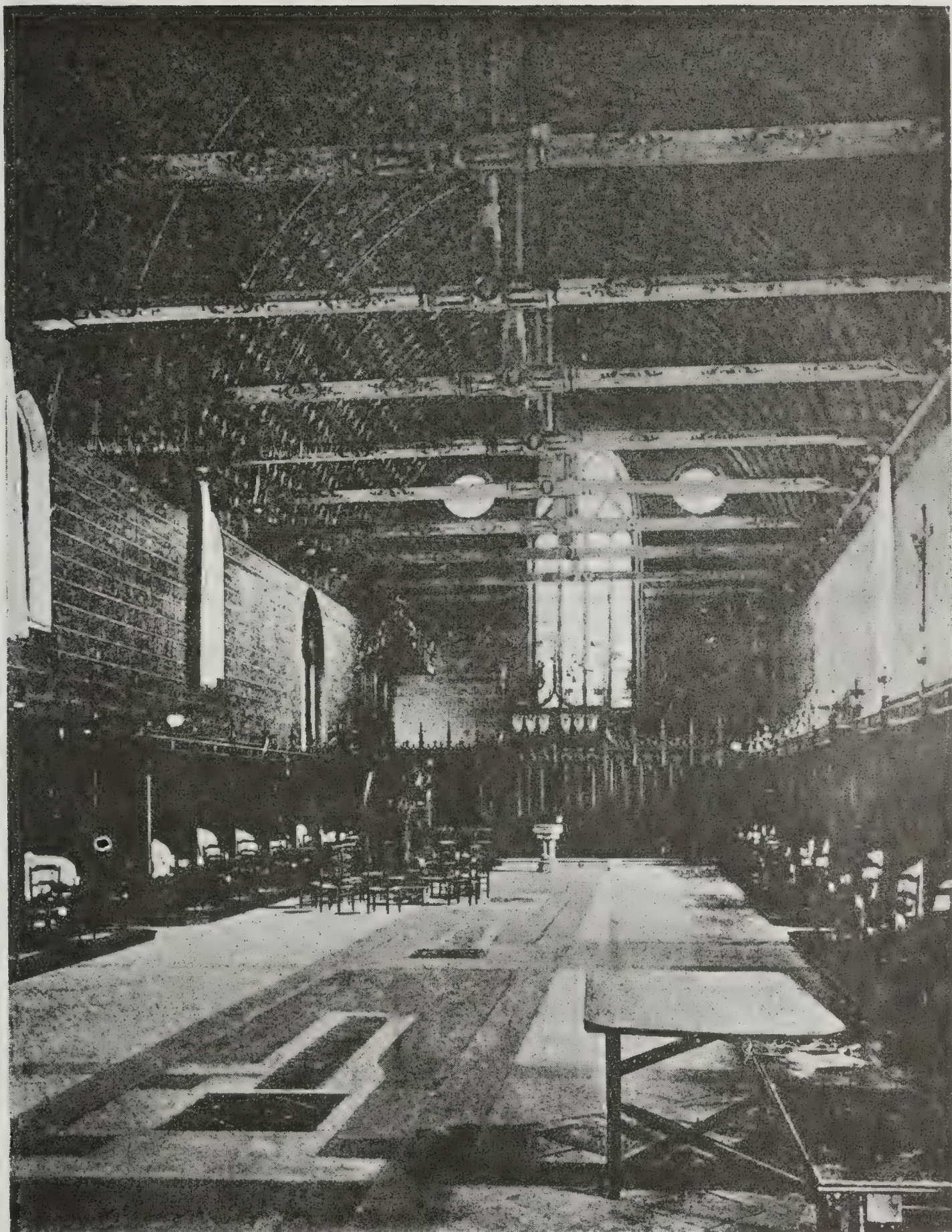
“Already an invitation has been received for all delegates and members of the congress for a soirée on the evening of Monday, July 19, when a very picturesque ceremony will take place. The United Kingdom, the United States of America, and Germany now form the International Council of Nurses. Holland, Denmark, and Finland are to be affiliated next year, and we can imagine how charming will be the welcome arranged in admitting the nurses of these progressive countries to membership of the Council.

“Presidents of National Councils and accredited national delegates will also be introduced to the members of the congress at this social gathering, preparatory to the opening of the congress at Caxton Hall on the morning of July 20.”

The above notice in the *British Journal of Nursing* for August 15 shows that active measures for the next international gathering of nurses are under way. This meeting in London will be the first regular business meeting since 1904, when a regular session was held in Berlin.

Some details of the working machinery are to be considered for future speed and smoothness in making wheels go around, and three new countries are to be united in our international bond of fellowship—Holland, Finland, and Denmark, thus placed in the order in which they have applied for admission.

Nurses of all countries who are coming to this meeting, please get



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THE LARGE WARD.



By permission of Ronco Frères, Editeurs, Beaune.

WROUGHT-IRON WELL-HEAD AT BEAUNE.

ready your uniforms in full, for we are to have a wonderful gathering in full regalia, everyone dressed in uniform down to the last button. Great disappointment was expressed after the French meeting that so few nurses' uniforms were seen, and in London we mean to have nurses of all countries see each other in hospital or working dress.

THE HÔTEL DIEU OF BEAUNE

THE little city of Beaune in France is so exceedingly beautiful and its wonderful old hospital such a rare and perfectly preserved gem of the fifteenth century that one cannot imagine, after visiting it, why every traveller does not go there. The whole place is so unspoiled and picturesque, the walks are so lovely, and the remains of old walls so bewitching that one forgets the world quite, and, on entering the Hôtel Dieu, simply cannot believe that time has not turned back five hundred years. This famous hospital has been carefully preserved in the most perfect manner, and has, indeed, become such an important sight for visitors that regular visiting hours are fixed for tourists, during which one may walk decorously about in all directions as in a museum. The sisters wear the very prettiest dress of any hospital nuns; the bedside tables shine with old pewter tankards for milk or water and with brass basins brilliantly polished which are used instead of our prosaic porcelain utensil. Here one sees marble fountains in the middle of the ward, and log fires burning in enormous and stately fireplaces. In the large wards are the quaintest possible beds, built solidly down each side of the ward, of hard wood, like little rooms open at both sides, with a hard wood ceiling. Wooden partitions separate these little rooms from each other, and the patients lying in bed have their sides to the ward, as in a Pullman sleeping car, instead of their feet. Heavy curtains are fastened to rings on the bed top. The beds are not built right up to the wall but a passageway is left with box seats in which the patients keep their clothes. On the heavy partitions of hard wood between the patients in this solidly built row of beds are little shelves where books, flowers, medicines and trinkets are kept. In the photograph the beds look like choir stalls in a church. The great ward is richly decorated like a church, and the bed curtains and counterpanes are of crimson. Upstairs is a museum full of beautiful historic relics which silently tell the tale of the hospital. It was founded and endowed by a pious and wealthy bourgeois and his wife—Nicolas Rolin, who became a Chancellor, and Guigone de Salins, a charming, cultured woman, of ancient family, who was her husband's chief inspiration. They lavished every luxury and appointment on it, and it was their dear delight. The first sister came from Flanders to

manage it, her name, Alardine Gasquière. She was a notable executive and of masculine strength of character, but devout to bigotry, an iron disciplinarian, and carried religious observances and penances to excess. No sister could even take a drink of water without her permission. All this was repugnant to the Chancellor, who disliked strict religious rules in a hospital, and he tried to persuade Sister Alardine to modify them. So autocratic was she that she refused and even told him that after his death she and her nuns did not intend to obey his heirs. The Chancellor thereupon very properly discharged her without delay and made his own rules, which were liberal and common-sense, making the care of the sick of the first importance, and he also engaged another sister, whose position was much like that of the matron of an English hospital. She selected, trained, and placed her nurses, who had a long probation, and then took simple vows. They were not bound to strict poverty but could possess, inherit, and spend their own money. They were mostly of gentle birth and are still, I believe, always of good family. After the Chancellor's death his wife, the good and devoted woman, made her home in the hospital, directing all its affairs, and also took a part in the nursing. She had a legal struggle over its possession with her ambitious son, who was a Cardinal, for the hospital had rich endowments. The case was taken to Paris and after seven years was decided in favor of the widow, who ruled there until her death. She was absolutely opposed to having strict religious forms there, "as she feared the dowry might then be turned from the use of the poor and sick and employed in a way opposed to the wishes of the founders." So says an old history, in whose pages we gather an intimation that the strictly "religious" life was really easier than nursing when the latter was thoroughly well attended to.*

Reference: l'Hôtel-Dieu de Beaune, 1445-1880, par M. l'Abbé E. Bavard, Beaune, 1881.

THE August number of *La Garde-Malade Hospitalière* has a most interesting account of the installation and service of the first visiting nurse in France under the new system of nursing. The money by which this urgently needed work is made possible was given by parents in memory of their only son, to Dr. Hamilton "to relieve suffering," and she most wisely placed a visiting nurse in the city of Bordeaux. Mlle.

* The Hotel de la Poste is a delightful place to stay in Beaune. The photographer, one of Messrs. Ronco Brothers, will be found most courteous. He had persuaded the Sisters, as they may not be photographed themselves, to dress children in their robes so that visitors might complete their collection of views of the hospital.



By permission of Ronco Frères, Editeurs, Beaune.

CHILDREN IN COSTUME OF THE NURSING SISTERS AT BEAUNE.

Amory, one of the graduates of the Protestant Hospital, was given the position. She works in coöperation with the out-patient department of the hospital and has her meals with the hospital nurses. She wears a very trim and pretty out-door uniform, and her diary, extracts from which are given in the JOURNAL, shows work exactly like that of our nurses, also conditions very similar to what they find—poverty, overwork, underpay, sweated industry, and all the sad accompaniments of life among the poor.

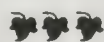
WHEN American nurses have sought registration from Legislatures they have occasionally been encouraged by hearing that “there were no politics in their bills.” The English nurses do not seem to be so fortunate, for political parties seem to have many a whack at their bills. The last one was an attempt to exclude the Irish nurses from the benefits and protection of a registration act. This, of course, would have classed all Irish nurses as untrained and would have placed them at an absolute disadvantage as compared with Scotch, Welsh, and English nurses. One is at a loss to know what political club was back of this. The nurses and their friends, however, protested so vigorously that the proposal has been dropped.

NURSES often inquire about the opportunities for private work in Paris, and a very sound and good little article in the last number of the *Canadian Nurse* shows why it is not always certain that nurses can find work in Paris, while yet many of them do, and why it is one of the most charming cities of the world to tarry in for a time.



As for moral considerations involved in the present-day call to public health, we need only to think of the peevishness or the querulousness of invalidism, which often rise, or fall, into selfishness so gross as to be pathological; the dyspepsia, with its moral as well as physical torments to patients and their friends; or those degenerate and perverted human specimens which disease sometimes produces, to show that here also we can no longer attribute to devils what often proceeds from disease, and that the call to health and prevention for morals' sake is loud and urgent.—WILLIAM T. SEDGWICK in *Yale Medical Journal*.

THE VISITING NURSE DEPARTMENT



IN CHARGE OF
HARRIET FULMER

A DAY ON THE OUT-CLINIC WITH THE VISITING NURSE OF THE WASHINGTON UNIVERSITY HOSPITAL

By MENIA S. TYE, R.N.

Superintendent of Nurses at the Washington University Hospital, St. Louis, Mo.

THE work of sending an undergraduate nurse of my training school into the homes of the poor with the resident physician of our Lying-in Department, or with the resident physician of the Obstetrical Out-Clinic, in connection with our medical school, is only in its infancy.

The nurse who went out to inaugurate this work February 1, 1908, was in her senior year and had had both her practical and theoretical training.

Her duties are to accompany the doctor to the home, assist him during the confinement, utilizing to best advantage whatever she finds in the house. She makes the bed, bathes the patient, applies the abdominal binder and vulva pad, oils and dresses the baby, etc. She makes a daily call upon this patient for ten consecutive days when, if everything has been normal, the patient is usually allowed out of bed and the visiting nurse discontinues the visits.

The patients seem very grateful and readily get anything required of them by the doctor or nurse. Incidentally, the nurse teaches the art of cleanliness and ventilation. After the first postpartum day, the patient realizes what the nurse will require to work with when she comes and her work is greatly facilitated by the baby's clothes being laid out, water being hot and boiled, and the family wash basin being clean, and fresh bed linen and gown in readiness.

The colored people are especially pleased to have a white woman wait on them and all along the alley or street smiling colored faces welcome and speed the visiting nurse.

A nurse has made thirteen calls between 7 A.M. and 7 P.M., but a great deal depends upon the distance between calling places. The

nurse, while out, keeps in touch with the hospital by telephone, and in this way attends confinements which occur during the day. As yet I have not seen my way to send a nurse out at night. Upon her return in the evening she writes a full report and before starting out in the morning gets new names and addresses from the resident physician. I keep a nurse on the Out-Clinic for one month, and each nurse has enjoyed the work very much.

As to conditions met, the following cases are illustrative:

Annie, aged 20, colored, first postpartum day, was in very good condition, the uterus well contracted. She occupied what looked to be a clean bed. Upon examination, found a horse blanket, which was very hairy and smelt badly, folded underneath some soiled newspapers and both were covered by a nicely folded clean sheet. Also found under a clean white spread, a very dirty quilted comfort without any upper sheet.

We first cleaned the wash basin and put some water in it to warm to bathe the baby. We removed the horse blanket, replaced clean newspapers, pulled up the lower sheet and tucked it in at the top, put on a clean upper sheet, repinned the abdominal binder and fastened on the vulva pad with a folded towel and four safety pins. The patient had been cleansed and had had a clean pad applied by the mother before she went out to do her day's washing. The gown was clean and had been very nicely starched and ironed. Upon pushing the bed back in place, a bucket containing urine and soiled pads and absorbent wipes was discovered under the bed.

The day was cold and wet, an open fire was burning in the room, but the air was heavy and stifling, so we raised a window in an adjoining room. The water being warm, the baby received its first sponge bath. Its band being soiled, had to be changed, but the navel dressing of absorbent cotton was not touched.

In the afternoon we went to a room, filthy and dark, lighted only by the faint light over the door. It was the seventh postpartum day for Fannie, aged 28, colored, and she was sitting up in bed, eating pigs' feet, onions and bread. The patient said her breasts had not troubled her, although they were enormously large,—the right one was caked slightly and was massaged. She objected to a breast binder being put on for support. This visit, owing to lack of fire and warm water, occupied forty-five minutes. The patient's temperature was 99° and pulse 80. Both baby and mother seemed perfectly well and happy.

Our last call for the day was on Marie (also colored). It was the seventh day after an abortion, occurring at four months. Beside

the usual treatment her breasts were massaged and rebandaged. This had been done the day previous, but the patient had removed the bandage. Marie's husband being on night duty occupied half of her bed during the day, and here the nurse found him daily when she visited. There are some things to which a visiting nurse has to be blind.

A CONFINEMENT CASE AT THE OUT-CLINIC.

This case had been pending all day. At 7 P.M. I went with Doctor R., the resident physician on the Out-Clinic, to assist with the delivery. On a mattress, on a cot, with a dirty comfort over her, in an overheated, ill-smelling, ill-ventilated room was our patient, Mamie, colored, aged 15, a primipara. A family of three, the patient with her father and mother lived in this one room. One of our medical students, Mr. B., had been watching the case since 6 A.M. The necessary instruments, etc., were already boiled. The baby clothes, a clean gown, a binder, three clean sheets, a spread, two slips and nine towels were ready also. A kettle of boiling water was on the gasoline stove and a pail of cold water was on the floor. A pint cup, one slop bucket and two wash bowls were pressed into service. The patient was on the Kelley's pad and we turned her across the cot. Mr. B. gave the anæsthetic. The mother held the right leg and the left one rested on a chair while I cleansed the patient's abdomen, thighs, buttocks and vulva with soap and water and with $\frac{1}{2}$ per cent. carbolic solution and cotton, and catheterized her. The doctor meanwhile scrubbed his hands, put on his apron and gloves, and as soon as the patient was ready examined her. I held the left leg of the patient and the mother held the right while the doctor applied the forceps and delivered the patient of an eight pound boy at 8.40. The cord was around the neck and the baby was asphyxiated. I wiped the eyes with cotton wet with boracic solution and wiped the hands with a towel and tied the cord as quickly as possible while the doctor was performing artificial respiration, of which he practised the various methods for ten minutes before the baby cried. Then I applied vaseline, dry dressed the cord, wrapped it in some soft old muslin and put the baby on its right side beside a hot water bag. Meanwhile Mr. B. had been kneading the uterus and gave the patient one dram ergot. In twenty minutes from the time the baby was delivered, the placenta was expressed. The doctor put two stitches in the fourchette which was slightly lacerated. I cleansed the patient, applied abdominal binder and a vulva pad of absorbent cotton, held in place with a folded towel pinned on with four safety pins, two in front and two at the back. I made the bed, using two clean sheets, some folded

clean old muslin over some newspapers (for a draw sheet and mackintosh), a comfort and white spread and two pillows with clean slips, and after putting a clean gown on Mamie it all looked quite orthodox.

The mother took the Kelley's pad out in the yard to the hydrant and washed it. I put on the baby's band, rubbed the baby with some soft old muslin to remove the vaseline; dressed it, and the doctor put some nitrate of silver in its eyes and I flushed them with boracic solution. The doctor and Mr. B. had dried the instruments. I dried the Kelley's pad, tidied the room, and we washed our hands and still had some clean towels left to dry them on. The doctor gave the usual orders for the care of the patient, and left his prescription to be filled and given according to directions, and at 9.15 we left for home.

ITEMS

SINCE our last issue the positions in Galesburg, Ill., and Columbus, Ohio, have been filled.

ALL matter pertaining to visiting nurse work should be addressed to the editor of this department, 79 Dearborn St., Chicago.

ANY communications about the National Seal for visiting nurse associations should be addressed at once to Mrs. Hunter Robb, Cleveland, or to Miss Fulmer, Chicago.

THE Chicago Visiting Nurse Association has two vacancies as district supervisors, to begin with a salary of seventy dollars per month. Applicants must have experience in visiting nurse work.

DURING June, July and August the visiting nurses of Chicago have done some valuable preventive work in care of babies, sick and well. They have worked in connection with the Milk Commission of Chicago, following up all cases using this milk and teaching the mothers how to use it properly.

THE Chicago Visiting Nurse Association has had eight nurses on duty in the vacation schools. They have given two hours daily to instruction in personal hygiene to classes of boys and girls, ranging from ten to fourteen years. The association furnished tooth-brushes, wash cloths and soap free to all children. The nurses gave demonstrations of the proper way of cleaning teeth, washing hair, and caring for nails. There was a great deal of interest aroused in these classes and it remains to be seen how far-reaching the results will be.

A POSTGRADUATE course in visiting nursing is offered to graduates of recognized training schools in the Visiting Nurses Settlement, 24 Valley Street, Orange, New Jersey. The term is three months, and experience and training are offered in medical, surgical, obstetrical and tuberculosis work (outdoor treatment under competent supervision).

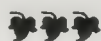
A salary of twenty dollars per month and living expenses is offered. For full particulars apply to Miss Honora Bouldin, head worker.

THE Association of Visiting Nurses of the State of New Jersey was formed last autumn and consists as yet only of a comparatively small number of nurses, whose working districts are almost adjoining, but the association would like to come in touch with all the workers in the field throughout the state and, therefore, extends a hearty greeting and cordial invitation to all the district nurses of New Jersey to send their names and addresses to Miss Frances A. Dennis, 48 Warren Street, Newark, N. J.



IN the antituberculosis movement the medical profession has for the first time, as far as I know, thrown off the ancient mantle of professional exclusiveness in dealing with a medical problem, and invited the public to share with themselves all of their professional knowledge—and ignorance. This step seems to me of extreme importance and sure to prove of lasting honor to the profession. The clergy long since led the way and shared their knowledge and their aspirations with the people; the medical profession has now taken the same democratic and inevitable step, and it only remains for teachers and practitioners of the law to follow suit. Perhaps when they have done this our Legislatures will be improved and our cities better governed. For better or worse, America has embraced democracy, and in a democracy any professionalism that smacks of aristocracy or unnecessary secrecy is out of place.—
WILLIAM T. SEDGWICK in *Yale Medical Journal*.

LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

TWO QUESTIONS

DEAR EDITOR: May I ask two questions through the pages of the JOURNAL? *First.* How much of proteids yields 4.1 calories? The reference is to the first article on Dietetics, page 447 of the March number.

As the calorie represents a definite amount of heat I do not understand the statement: "Proteids yield 4.1 calories."

Second. In the August number (page 913) what is meant by "Egg-albumin was not given *on account of the possibility of forming toxins.*"

Very truly yours,

MINNIE BROWN, R.N.

[“The question is a good one, for in re-reading the statement referred to, I see that the text is not plain. It might better read: ‘The heat value of 1 gram (15½ grains) of each of the chief nutritive constituents of food when taken into the tissues is as follows: proteids, 4.1 calories; carbohydrates, 4.1 calories; fat, 9.3 calories.’”

MARY C. WHEELER

The sentence, “Egg albumin was not given (to typhoid patients) on account of the possibility of forming toxins,” really explains itself. Animal albuminoid substances (from milk, ice cream, meat, egg, etc.) brought in contact with the bacteria of an infected intestine (as in gastro-enteritis and in typhoid fever) not alone aid in sustaining the pathogenic organisms, but also toxalbumins form, which again may be absorbed. Such toxins for instance cause the tympanites and the parietic condition of the typhoid intestine.

New York, Sept. 12, 1908.

A. SEIBERT.]

DISINFECTING EXCRETA IN TYPHOID

DEAR EDITOR: I believe the best method for the sputum is the paper lined cup, using a few drops of carbolic acid to prevent any dis-

agreeable odor. It will not be any more expensive than the use of a strong disinfectant and seems a great deal safer. A solution of chloride of lime used freely over the stools, allowing them to stand a while before emptying into the closet, is a good method, but like all the disinfectants is hard on the plumbing. I hope to see some interesting discussion on this subject.

M. L. M., R.N.

DEAR EDITOR: In the August number of the AMERICAN JOURNAL OF NURSING is a letter regarding "The Care of the Excreta During Typhoid Fever." I recently discussed the question with a druggist who said that he considered Platt's chloride the surest, though expensive. I therefore diluted it 1-10, as I always have, and endeavored to use enough to be thorough and to not use more than necessary. I have been on duty with nurses who had not read the directions on the bottle and used it clear, nurses who were graduates from what is considered a very good training school.

I consider that expensive things, intelligently used, are not as expensive in the end as imagined. This druggist considered Kreso inexpensive and I used it as a deodorizer. I suppose it is the same as creolin, but if there is the objection which is mentioned to its use carbolic could be used as a deodorizer.

For disinfecting the clothes, the druggist considered formaldehyde the surest. It is expensive but he sent a pint bottle and I used a tablespoon to a large bucket (as we say in the south) or pail of water, which is sixteen quarts. It was used accurately and was more than enough for the disinfecting of the clothes during the entire illness.

I have noticed that oftentimes the nurse does not give thought enough to instructing members of the family that they are not to handle the clothes as they come off the bed unless they are caring for the patient during the nurse's hours of rest; that they should never touch the patient, not even to stroke his hand in affection, without thoroughly scrubbing and disinfecting the hands afterward. I do not instruct people regarding these things in the presence of the patient.

E. C. H., R.N.

A CRITICISM OF THE EDITOR

DEAR EDITOR: Referring to your editorial on Woman Suffrage (September number) your latest decision to "remain neutral" on "broad questions" including woman suffrage is a deep disappointment to me.

I understand that it is impossible for our magazine to do propaganda work on so-called "broad questions," but let me beg of you not to "avoid issues." Is it logical for you to interest us in such subjects distinctly outside the four walls of a sick room, as social hygiene, school hygiene, almshouse reform, child-labor laws, factory inspection, etc., if your attitude on "broad questions" is to remain neutral?

All of these subjects mentioned lead one directly to the fact that only through the ballot, in this country, can one hope for really lasting improvement. For instance, my state association appointed me to visit our county almshouse; I had the opportunity to do this thoroughly, and also to get unprejudiced, accurate information about the management of the place. I found that one could be a "lady visitor," and serve ice cream to the "inmates," give an entertainment once in a while, or send clothing, but I also found that it was quite impossible to be of any direct use in improving wretched methods and conditions, unless one were a trustee. I asked a man "who knew," if a woman could be appointed a trustee, when there was a vacancy on the board. He answered very promptly, "Oh, no." "Why?" I asked. He replied, "She has no vote." Then I reflected that in my state, Maryland, women are placed on the same plane, politically, as the half-witted "inmates," I had just seen. It gave me a bad hour, but it made me think.

You may imagine my disappointment when the "delegates representing 14,000" turned down by a large majority, in San Francisco, the obvious fact, that "until men and women have equal political rights, they cannot do their best work"—how *could* they have done it? It seemed a case of "so much the worse for the facts." My next hope was that our magazine would present the question fairly to us, at least, but alas, I find the editorial staff is in the "twilight zone" of neutrality and brushes this vital question carelessly aside.

Are we only to regard your JOURNAL in the light of a primary instructor, or can we expect real help from you after you have taught us to think? If you continue to remain neutral on the woman suffrage movement, may I suggest to you that your logical attitude must be that "a nurse's place is *inside* the sick room, not mixing up in affairs outside of her sphere."

MARY BARTLETT DIXON, R.N.,
Johns Hopkins Hospital, 1903.

Easton, Maryland, September 10, 1908.

[The editorial policy of the JOURNAL in regard to the suffrage and all important questions is determined by the Board of Directors. The

President of the JOURNAL COMPANY is also the president of the Associated Alumnæ, of which association the JOURNAL is now and has always been the official organ. The JOURNAL and the Associated Alumnæ are practically one, and until such time as the Associated Alumnæ are ready to endorse suffrage, the JOURNAL's policy must remain neutral.

Personally, I regret the action of the delegates at the San Francisco meeting, and if I had been present I should have thrown the weight of my voice in favor of suffrage, but probably this would not have influenced the result of the vote, as I understand the subject was ably argued by members who support the suffrage movement.

Miss Anthony, herself, came to realize in her later years that suffrage was a matter of education, that it could not be forced upon the people until they were ready for it. I am inclined to think that the delegates at the San Francisco meeting represented either the sentiment of their home associations, or voted against it from doubt as to what that sentiment was. Nothing does the cause of suffrage greater harm than intolerant criticism which takes the form of personalities. The action taken at San Francisco has brought the matter of suffrage sharply before the nurses of the country. There are in every city opportunities for the study of this matter and I believe the time has come when our organizations may well devote careful, moderate and sane consideration to the whole broad subject.

In my judgment those nurses who were instrumental in turning the vote against the suffrage movement should give their reasons through this department of the magazine.

I do not wish to enter into any personal contention with Miss Dixon in regard to her letter of criticism of the JOURNAL's editorial attitude more than to say that the subjects, which she refers to, of social hygiene, school hygiene, almshouse reform, child-labor laws, and factory inspection are distinctly nursing subjects, because they have to do directly with the health of the people, and because nurses are engaged professionally in these various lines of occupation, while suffrage is, in my judgment, a social subject with an indirect bearing upon nursing matters.

SOPHIA F. PALMER, R.N.

Permanent member of the Associated Alumnæ, and Editor-in-Chief of the JOURNAL.]

EXTRACT FROM A LETTER TO MISS DOCK

As a nurse intensely interested in the suffrage movement, both here and in England, may I thank you for your splendid letter in the last

JOURNAL? I cannot understand the nurses' apathy, particularly when we have seen so many of our registration bills juggled with, repeatedly. But I trust that each year will bring more light to them in this respect, for we are going to have the suffrage, some day, and not by migrating to Colorado, either.

E. L. F.

RECOGNITION OF THE WORK OF SOUTHERN NURSES

DEAR EDITOR: The "Experience as a Red Cross Nurse," written by Miss Beadle for the September JOURNAL, reads very well for the Red Cross nurse, but nothing is said of the noble work done by the physicians of Hattiesburg, volunteer nurses from the Kings' Daughters and the six professional nurses from New Orleans, who went to the relief of the storm victims and who cared for the sufferers during their most critical moments. In justice to them please allow me to make a little statement. The storm at Purvis, Mississippi, a small place eighteen miles distant from Hattiesburg, occurred on the afternoon of April 24. The citizens of Hattiesburg immediately went to the rescue and all victims rendered homeless or injured were brought back to the city of Hattiesburg. A call soon went in to New Orleans for six nurses, of whom I was one. The worst cases were sent to the South Mississippi Infirmary, at which place we six nurses were stationed. There we found we had plenty to do, although the patients were all very good and bore their afflictions with remarkable fortitude. All patients were convalescing at the time the Red Cross began its work.

This article is not intended as a reflection on the Red Cross work but Miss Beadle failed to state that almost two weeks transpired before a Red Cross nurse was seen in Hattiesburg, and during that length of time New Orleans nurses and Hattiesburg nurses cared for the victims and did good work.

JOSEPHINE A. EITEL.

Wilson Infirmary, Brockhaven, Miss.

CARE OF THE FEET

DEAR EDITOR: I am very much interested in the letters on the care of the feet and wish to add a few suggestions. I am often reminded of a remark made by an orthopedic surgeon: "If people abused their faces as they do their feet, what awful looking people they would be." Since taking up chiropody I am surprised to find how intelligent people abuse their feet. Felix Wagner, who has written the best book on chiropody, says: "Most people think any one can cut a corn, when, as a matter of fact, no one can do it for himself properly." A few

suggestions to nurses are: Scrub the feet with a soft brush and ivory soap, three times a week. Rub with both hands while the lather is on, rinse until all soap is removed, dry thoroughly, and rub with lanolin, at night. In the morning, dust with boracic acid powder, and use a fresh pair of seamless stockings every day. I make a strong point of seamless stockings as callosities are formed on the sole of the foot from seams in stockings. The shoe should be broad enough in the toe so that the great toe is perfectly straight and all toes can spread when the person steps forward. There should be no pressure on the little toe, the ankle and instep should be held firm, and the heel should suit the arch of the foot, with extension soles and laced shoes. Consult a good clean chiropodist as often as the toe nails and other foot troubles need attention. A nurse who suffered very much with her feet during training told me she always went to a chiropodist before going to an obstetrical case—and forgot all about her feet while with the patient. She much preferred to spend her money for chiropody rather than for *fudges*.

Hoping you will not think I am advertising *my job*,

Sincerely yours,

SPINSTER,
Class 1883.

A PROBLEM

DEAR EDITOR: Will you allow me to state an experience that I had last August, and ask the opinion and advice of my sister nurses?

I was taken a distance of thirty-eight miles, by a physician, to a case of pneumonia. The family did not know the doctor was slightly intoxicated, or that he was to bring a nurse, until we arrived, which was about midnight. They did not want a nurse, and the physician said I should stay. I felt it my duty to obey orders, which I did, but the family did not see it that way, and I was placed in an uncomfortable position for five days, when the patient recovered sufficiently for me to leave.

I would like to hear, through the JOURNAL, from some of the nurses who have had similar experiences, and what they would have done under like circumstances.

M. H. K.

INFORMATION DESIRED

DEAR EDITOR: I should like to hear how the state associations regulate the standard for the training schools and how the membership

committee of these associations act upon applicants from other states than their own.

Can a hospital not giving obstetrical or contagious training or just one of the above mentioned be called a general hospital?

Is contagious training compulsory in all large training schools?

M. M. M.

[1. Send to the Education Department at Albany, N. Y., for a copy of the Nurse Practice Act of 1903, with a copy of the Regents' rules governing the same. Send also to the secretary of the Maryland State Examining Board, Mary C. Packard, 27 North Cary Street, Baltimore, Md., asking for copies of the Maryland state law, with the rules governing the inspection of training schools in that state.

2. No.

3. It is not. Theoretical instruction is required of schools registered by the New York Board, but practical experience is not compulsory.—ED.]

EXTRACTS FROM LETTERS TO THE EDITOR

[At this season of the year, the editor-in-chief is in the habit of writing to each member of her staff of collaborators, asking for criticisms of the JOURNAL during the past year and for suggestions for its future development, outlining such special features of JOURNAL work as she wishes each to undertake in her community. We give some extracts from letters received in reply which have been most encouraging to the editor.]

“Perhaps it would cheer your heart if you knew how much I appreciate the AMERICAN JOURNAL OF NURSING. I really fail to understand how any superintendent of any training school can efficiently perform the varied duties which come to one holding such a position, without having frequently to refer to the information which is to be found within the pages of this very valuable JOURNAL.”

MARY A. SNIVELY.

“I have no criticisms to make, the longer I am out of active work and removed from nursing centres, the more the JOURNAL means to me. I am sure I am right in thinking that most of your criticism comes from nurses in large hospitals who are identified with every new idea, and forget how remote private duty nurses are from such things.”

ISABEL McISAAC.

“Personally I can find nothing to criticise in the JOURNAL; it is one whole delightful reading to me. Those few who subscribe through me

are always glad to renew, but I find it almost impossible to gain new members, partly because so many live together in central houses, but more often the cause is indifference and unwillingness to pay out the small sum yearly. 'I haven't time to read,' or 'There are so many things to keep up' are the two cries."

D'A. STEPHENS.

"As far as a criticism of the material that has been printed in the JOURNAL, I can only say that a great deal of it has been very helpful and interesting. I do not see how a better choice of material could be made.

"I think that one reason many graduates do not subscribe is because they are not 'brought up on it' in training. I follow this plan here. As soon as the JOURNAL comes, I make a list of the best articles with the pages and head it

AMERICAN JOURNAL OF NURSING

Required reading for September, 1908

Article,..... page,.....

and leave room below for the pupils to sign their names after reading it. The consequence is they read it through and look forward to it, and when they graduate they are expected to subscribe for it."

MARY C. WHEELER.

From other correspondents we quote the following:

"I am very glad to renew my subscription, and I want to express my appreciation of the JOURNAL's worth. Every number is crisp and fresh, and expressive of the head and heart qualities put into it. It must cost a great deal of thought and hard work, but the results cannot but be encouraging to you."

LYSTRA E. GREYTER.

"I think that the AMERICAN JOURNAL OF NURSING gets better all the time and I could not do without it."

M. D. CURRIE.

"We have no JOURNAL in Virginia, but the alumnae and all of our nurses are dependent upon the AMERICAN JOURNAL OF NURSING which we consider very fine, as it gives both foreign and home news."

MARY BYRD BRIGHTWELL.

"Thanks for the inspiration each month that comes with the JOURNAL. It sort of buoys one up."

CAROLINE M. RANKIELLOUR.

"Success to the dear JOURNAL of which every number is hailed with delight among nurses."

THERESA M. ERICKSEN.

From India.

"I am a regular subscriber to the AMERICAN JOURNAL OF NURSING, and have always enjoyed it. It has so often been a stimulus to me in my work out here."

"SANSI."



RECOVERABLE PSYCHOSES.—The *Journal of the American Medical Association*, quoting from the *Wisconsin Medical Journal*, says: Rogers concludes that the records of the large hospitals for the insane in this country and Europe show a percentage of recoveries from all forms of insanity, ranging from 50 to 60 per cent. If statistics were limited to recoverable cases, and if those cases treated at home were included, this would be augmented to nearly 75 per cent. The percentage of complete recoveries has been greatly increased as a result of more scientific methods of diagnosis and treatment. Contrary to popular prejudice, inherited insanity is far from a hopeless condition, many patients recovering, but recurrence is made more probable by the presence of this factor. The prime essential for recovery in the psychoses is that the patient come under proper treatment early. Fully 50 per cent. of those recovering began treatment in the first three months of the disease. Statements concerning prognosis in any type of insanity should always be guarded, and no definite opinion should be offered until ample time has passed for careful study and observation of the patient.

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS.

THE INTERNATIONAL COUNCIL OF NURSES

THE regular business meeting of the council will be held in 1909, from the 20th to the 23rd of July, in Caxton Hall, Westminster, London, England.

Great Britain, the United States, and Germany will send official delegates. Holland, Finland, and Denmark will be admitted into membership. Regular notices of amendments to the constitution proposed and up for decision will be sent to the secretaries of affiliating societies early in 1909.

LAVINIA L. DOCK, Secretary.

THE AMERICAN HOSPITAL ASSOCIATION

OWING to the impossibility of securing adequate hotel accommodations on the dates formerly selected, it has been necessary to change the dates of the tenth annual meeting of the American Hospital Association, to be held at Toronto, Ont., from September 22-25, to September 29 and 30 and October 1 and 2.

MEETING OF CANADIAN SUPERINTENDENTS

THE Canadian Society of Superintendents of Training Schools for Nurses will hold its Second Annual Convention in Ottawa, Ontario, Canada, October 8 and 9. It is hoped that steps may be taken at that time to so unite the various scattered nurse organizations throughout the Dominion of Canada as to make it possible for them, during the ensuing year, to unite with the International Council of Nurses.

COLORADO STATE EXAMINATION

THE Colorado State Board of Nurse Examiners will meet at the state capitol, Denver, on October 28, 1908, to examine applicants for registration according to "An Act Relating to Professional Nursing." Apply to Mary B. Eyre, R.N., Secretary, 642 Grand Ave., Denver, Col.

PENNSYLVANIA STATE MEETING

THE annual meeting of the Graduate Nurses' Association of the state of Pennsylvania will be held at the College of Physicians, Thirteenth and Locust Streets, Philadelphia, Pa., on Wednesday, Thursday, and Friday, October 14, 15, and 16, 1908.

The chief topic for discussion will be the "Bill Providing for the Registration of Nurses," and a large attendance is hoped for.

The first edition of the "Quarterly" will be ready in October. Subscription price is one dollar a year, ten cents a copy, and payable in advance. Subscriptions are to be sent to Mrs. M. I. Moyer, Strafford, Pa.

Members and delegates can secure accommodations at the following hotels: Hotel Walton, Broad and Locust Sts. Single room, \$1.50 per day and upwards; single room, \$3.50 per day with bath. Hotel Rittenhouse, Twenty-second and Chestnut Sts. Single room, \$1.50 per day and upwards; single room, \$2.00 per day with bath. Colonnade Hotel, Fifteenth and Chestnut Sts. Single room, \$1.00 per day and upwards; single room \$2.00 per day with bath.

NELLIE M. CASEY, Assistant Secretary.

INDIANA STATE EXAMINATION

THE Indiana State Board of Nurse Examiners will hold an examination of nurses for state registration at Indianapolis, in the state capitol, November 18 and 19, 1908.

All applications should be in by November 18.

EDNA HUMPHREY, Secretary and Treasurer.

OHIO STATE MEETING

THE annual meeting of the Ohio State Association of graduate nurses will be held at the Hotel Secor in Toledo on October 20 and 21.

ELLA PHILLIPS CRANDALL, Acting Secretary.

NEW YORK STATE MEETING

THE seventh annual meeting of the New York State Nurses' Association will be held at Buffalo, on Tuesday and Wednesday, October 20-21. The headquarters and place of meeting will be at the Genesee Hotel, corner of Main and West Genesee Streets.

Delegates are requested to take Main Street cars, or any cars going toward Main Street past the Exchange Street station. Guides, wearing white badges, will be at the station to meet guests and direct them where to go.

Delegates and members are urged to arrive on Monday, if possible, as registration will open at 9 o'clock sharp on the first day, and important papers will be read on that morning.

The Executive Committee is anxious to make this the best convention ever held in this state, and calls upon every nurse, whether she is a member or not, to come and do her share in making it a success.

MARY D. BURBILL, R.N., President;

FRIDA L. HARTMAN, R.N., Secretary.

PROGRAM

TUESDAY, OCTOBER 20, 9 A. M.

Registration of members and visitors. Payment of dues.

10 A. M.

Call to order.

Invocation, Bishop Berry.

Address of welcome, The Hon. J. N. Adam, Mayor of Buffalo.

Response.

Reading of minutes of last annual meeting.

Report of arrangement committee.

Report of program committee.

Report of Nurse Board of Examiners.

Annual report of secretary.

Annual report of treasurer.

Annual report of standing committees: credentials; by-laws; legislation; press; finance.

Report of delegate to Nurses' Associated Alumnae of the United States for 1908.

Address of president.

Paper, "Work in the Association for Improving the Condition of the Poor." H. G. Franklin, R.N., through the courtesy of Mr. Robert W. Bruerè. Discussion.

Paper, "Red Cross Work," Jane M. Pindell, R.N., superintendent New York City Training School.

Report of Training School Inspector, Anna L. Alline, R.N.

Report of nominating committee.

Delegates entertained for afternoon by the nurses of Buffalo.

7.30 P. M.

Call to order.

Paper, "State Registration, What It Has Done and What It Fails to Do," Sophia F. Palmer, R.N., Rochester. Discussion by Miss Nye.

Paper, "Work in the Public Schools," Lina L. Rogers, R.N., supervising school nurse, New York City. Discussion.

Paper, "The Nurse as an Educator," Dr. Franklin W. Barrows, Buffalo. Discussion.

WEDNESDAY, OCTOBER 21, 9 A. M.

Superintendents' informal meeting.

10.30 A. M.

Call to order. Roll call. Business.

Paper, "Post-graduate Work in Hospitals," Annie W. Goodrich, R.N., General Superintendent of Training Schools, Bellevue and Allied Hospitals. Discussion.

Paper, "Social Welfare Work," Dr. Lucy Bannister. Discussion.

Polls will be open from 9 A. M. until 1.30 P. M.

2.30 P. M.

Call to order.

Paper, "Hospital Economics," M. Adelaide Nutting, R.N., director of Hospital Economics Course, Teachers' College, New York City. Discussion.

Paper, "Is the Mercenary Spirit too Much in Evidence Among Nurses, if so, What Is the Remedy?" By Dr. Dewitt G. Wilcox.

Paper, "The Modern Nurse in Surgical Work," Dr. Roswell Park.

Paper, "The Nurse of To-day in Nervous Work," Dr. Putnam. Discussion. Unfinished business. Report of tellers. Adjournment.

Question box to be in charge of Mabel M. Chase, R.N., Syracuse.

Members are requested to put in form of questions any subject they may wish discussed and place same in the box for that purpose.

STATE MEETINGS.

INDIANA.—The sixth annual convention of the Indiana State Nurses' Association met in the Indiana state capitol building, September 8, for a two days' session.

The meeting was opened with prayer by the Rev. Dr. McPherson of the Tabernacle Presbyterian Church. The address of welcome was given by Miss M. L. Prange and the response by Mrs. Teague of Marion, Indiana.

The president's address was of great interest, a review of work in the past, showing what may and should be accomplished in the future. The president who is also secretary of the Nurses' Examining Board, is in a position to point out weak points and to show where better work may be done.

The reports of the various committees were interesting, especially those on "Tuberculosis" by Dr. Maude McConnell, "Hospital Inspection" by Miss L. Cox, and "Alms-house Work" by Mrs. Fournier.

Dr. J. N. Hurty, secretary of the Indiana State Board of Health, gave a paper on "Hygiene" both interesting and instructive, showing the distinction between "Hygiene" and "sanitary science" and how nurses may help to bring about better sanitary conditions. He said that "Hygiene can prevent more crime than law." Dr. Jewitt V. Reed gave a paper on "Serum and Vaccine Therapy" and Dr. Helen Knabe showed and explained "Pathological Specimens of Interest to Nurses."

The papers by the resident nurses were "Typhoid Fever," Miss Gerin, assistant superintendent City Hospital Training School; "Baths," Miss Phelps, superintendent Elenor Hospital for Sick Children; "Diets in Fevers and Convalescence," Miss Nifer, graduate in Hospital Economics Course, Columbia University.

The papers were all ably presented and brought out clever discussions beneficial to all listeners.

The election of officers for the coming year was as follows: president, Miss M. B. Sollers; first vice-president, Miss M. L. Prange; secretary, Miss M. D. Currie, 39 The Meridian, Indianapolis; treasurer, Miss A. Rein.

The committee on resolutions presented its report expressing the great sense of loss the association feels in the death of a much loved member, Miss S. L. Cook of Crawfordsville, who died in Seattle, Washington, August 2, 1908.

The sixth annual convention adjourned to meet in Marion, Indiana, in the spring of 1909. Respectfully submitted, M. D. CURRIE, Secretary.

VIRGINIA.—The Graduate Nurses' Association of Virginia held its eighth annual meeting in Danville, Virginia, on the eighth, ninth and tenth of June.

The opening session was presided over by Dr. William Robertson as chairman, and the feature of the evening was an address by Miss Ruth Paxton, of the Student Volunteer Movement. The discussions of this delightful and instructive address were by the Reverend Thos. D. Reeves and Miss Evelyne Brydon of Danville.

The business sessions were held in the Masonic Lodge. After prayer by the Reverend Cleveland Hall and the reading of the minutes of the last meeting, correspondence and reports from committees, routine business was taken up and discussions followed. The papers at the first morning session were "The Hospital Economics Course" read by Louise Powell, and "The Graduate Nurse and Her Alumnæ" read by Emily Jones, of Richmond.

The afternoon session was devoted entirely to papers, reports and discussions of tuberculosis work all over the state. The topic was opened by a very able paper by Mable Jacques, head nurse in charge of tuberculosis work in Philadelphia.

After the business of the last session a paper was read by Elizabeth R. P. Cocke on the "Obligations of the Registered Nurse." This was followed by discussion, the appointment of committees, the announcement of the election of officers and the call for the suggestion from the floor of topics of papers for the next annual meeting, which will be held in Norfolk, Va., the first week of June, 1909.

The social features of the meeting were a very delightful reception at the Danville General Hospital, a trolley ride through the city and its picturesque environs, and a reception at the House Rock Country Club, which is beautifully situated on the Dan River several miles from the city.

The officers for the following year, and their addresses, are: president, Louise M. Powell, Whittier Hall, Teachers' College, New York City; first vice-president, Elizabeth Mooreman, Lynchburg, Va.; second vice-president, Daisey Moore, Staunton, Va.; third vice-president, Maude Woodward, Danville, Va.; recording secretary, Ethel Smith, Norfolk, Va.; corresponding secretary, Elizabeth R. P. Cocke, Bon Air, Virginia; treasurer, Ruth I. Robertson, Richmond, Va.

[In sending this report at so late a date, Miss Cocke explains that she mislaid it, and thought it had been sent.—Ed.]

REGULAR MEETINGS

PHILADELPHIA, PA.—The alumnæ association of St. Timothy's Hospital, Roxborough, Philadelphia, is looking forward to having an endowed bed in the hospital in the near future.

The first effort in this direction was made last June, when a porch party was given in Roxborough for the purpose of starting a fund. So generous was its patronage and so cordial the coöperation of the nurses' friends, that over six hundred dollars was realized at that time.

Now another generous friend, Mrs. Katherine Wentz, 6037 Overbrook Ave., Overbrook, has offered to give \$4000 to the fund when the nurses shall have raised the four hundred dollars necessary to make the first one thousand dollars.

Plans for raising the remaining four hundred dollars will be discussed at the October meeting.

MINNEAPOLIS, MINN.—The Hennepin County Graduate Nurses' Association held its fourth annual business meeting September 9 at 1502 Third avenue S. Twenty-five nurses were present. A most successful year and 156 members were reported.

Miss Edith P. Rommel, R.N., was reëlected president. The other officers were chosen as follows: L. Louise Christensen, R.N., first vice-president; Anna McKinney, R.N., second vice-president; Harriet Prime, R.N., secretary; Elizabeth Sprague, R.N., assistant secretary, and Marie Nelson, R.N., treasurer.

Dr. Marion A. Mead, the registrar, reported a very busy year through the registry, 2224 calls having been received for nurses and 1194 calls from nurses registering for work, making a total of 3418 calls, an increase of 366 over last year. The demand was so great that during twenty-nine days no nurses were available.

Besides successfully conducting the business of the organization the society has been able to extend its help in broader fields by donating toward a fund for the establishing of a chair in Hospital Economics at the Teachers' College, Columbia University, by sending a delegate to the national convention at San Francisco and by contributing to the national convention fund of 1909, which convention will be held in the twin cities next June.

PERSONALS.

MARY BROOKS EYRE, secretary of the Colorado Board of Nurse Examiners, has been ill all summer, but is recovering.

LOUISE M. PEYTON is acting superintendent at St. Christopher's Hospital, Norfolk, Va., in the absence of Miss Eakins.

M. LOUISE MARTIN, superintendent of the Martin's Ferry Hospital (Ohio), has reported for duty after a month's vacation.

MISS SNIVELY, superintendent of nurses at the Toronto General Hospital, has returned to her post after spending a month at Scarboro Beach, Maine.

HELEN BRIGGERT, a graduate of the Illinois Training School, Chicago, has been appointed superintendent of Culver Union Hospital, Crawfordsville, Indiana.

GRACE HOLMES, who has been doing private duty and hourly nursing in St. Paul for some years, is in charge of the Pokegama Sanitarium, Pine City, Minnesota.

ANNETTE B. COWLES, graduate of the Rochester City Hospital, has accepted the position of Superintendent of Nurses of the Providence Hospital, El Paso, Texas.

ETHEL F. COOK, class of 1903, Germantown Hospital and Dispensary, and recently of the Army Nurse Corps, has accepted a position in Bradford Academy, Bradford, Mass.

MRS. T. M. COOPER, formerly Miss Page Nelson Strayer, of the Protestant Hospital, Norfolk, Va., has returned to her home in South Carolina after a visit among relatives in Virginia.

ELIZABETH W. HOLT, class of 1907, Butterworth Hospital, Grand Rapids,

Michigan, has been appointed head nurse of the men's surgical ward, University of Michigan Hospital, Ann Arbor.

ESTHER V. HASSON, graduate of the Connecticut Training School for Nurses, New Haven, and recently of the staff of nurses at the Canal Zone, has been appointed chief nurse of the Navy Nurse Corps.

THERESA M. ERICKSEN, a graduate of the Northwestern Hospital, Minneapolis, who has been doing private nursing in San Francisco recently, has accepted a position in the Jim Bardin Hospital, Salinas, California.

FLORENCE HARTMAN, of Toronto, Canada, class of 1902, Methodist Episcopal Hospital, Brooklyn, has gone to Constantinople to teach English to Turkish students.

ALICE ASHBY, R.N., has resigned her position as superintendent of the hospital and training school for nurses in Reid Memorial Hospital, Richmond, Indiana, and is taking a much needed rest with her brother, Professor Ashby, at Bowling Green, Kentucky.

MARY B. SOLLERS, R.N., who has served so long and faithfully as superintendent of Home Hospital and Training School for Nurses at Lafayette, Indiana, has resigned her position there to accept a similar one at the Reid Memorial Hospital, Richmond, Indiana.

LUCY HURLBURT, class of 1905, Toronto General Hospital, has accepted the position of superintendent of the sanitarium at Gravenhurst, Ontario. Mary Smeeton, class of 1908, has resigned her position as district nurse in Philadelphia, and has been appointed assistant in the Presbyterian Hospital, Allegheny, Pa. Alice May Johnson, class of 1907, has been appointed assistant nurse at the Cottage Hospital, Pembroke, Bermuda.

A RESIGNATION which will cause regret is that of Lina L. Rogers from the staff of school nurses of New York City, of which she has been supervising nurse. The resignation takes effect October 1, closing six years of honorable public service for the Health Department. Miss Rogers created and organized the work of school nursing in New York, and the introduction of the nurse into the school revolutionized the service of medical inspection of school children and brought the matter before the public in the most comprehensive and common sense manner. The Nurses' Settlement selected Miss Rogers for the experiment, and her tact and ability have well justified the choice.

MAE MORRIS, class of 1900, Illinois Training School, Chicago, has accepted the position of superintendent of nurses at the City and County Hospital, Denver, Col. Miss M. E. Good, class of 1905, has resigned her position as preliminary instructor at the training school and will return to her former position as superintendent of the Eleanor Moore Hospital, Boone, Iowa. She is succeeded by Eleanor Cross. Caroline Hathaway Myers, class of 1900, has been spending the summer in Evanston, Ill., but will return in the fall to her home at Bristow, Cal. Mary Ledwidge has been added to the faculty of the training school. Anna Williamson, class of 1901, has accepted the position of superintendent of nurses at the Muskogee Hospital, Muskogee, Oklahoma. June Moore, class of 1907, is superintendent of the hospital at Iron River, Michigan. Miss Galbraith and Miss Brown, class of 1902, will take charge of the hospital in Douglass, Wyoming.

BIRTHS

ON September 11, at the Methodist Episcopal Hospital, Brooklyn, a daughter to Mrs. Harry Taylor. Mrs. Taylor was Mary Owen, class of 1904.

MARRIAGES.

ON June 15, Maud Dover, class of 1892, Toronto General Hospital, to Dr. J. H. Lowe of Toronto.

ON June 10, Miss H. Schwalbe, class of 1905, Park View Sanitarium, Savannah, Georgia, to Mr. H. W. Jenkins.

ON June 30, at Panama, Canal Zone, Miss D. McDonald, graduate of the Indianapolis City Hospital, to Charles Kenneth Lucas.

ON August 17, Helen F. Mulligan, class of 1904, Rhode Island Hospital, to William J. Pine. Both are of Providence, Rhode Island.

ON August 10, Gertrude May Moore, class of 1904, Toronto General Hospital, to Christopher Benedickson, M.D., of Winnipeg, Manitoba.

ON June 30, in Brooklyn, N. Y., Elizabeth May Straley, class of 1906, Methodist Episcopal Hospital, Brooklyn, to John Monroe Battell.

ON July 29, at Providence, Rhode Island, Grace M. Pilling, class of 1904, Rhode Island Hospital, to Fred L. Austin of Georgiaville, Rhode Island.

ON September 8, Edith May Duff, of Dayton, Ontario, class of 1903, Massachusetts General Hospital, to John R. McKinnon, M.D. They will live in Boston.

ON January 21, in Rochester, N. Y., Arabella Reynolds, class of 1906, Rochester City Hospital, to George Force Hutchinson. They will live in Rochester.

ON June 30, in Ottawa, Canada, Mildred Isabel McFarlane, class of 1904, Methodist Episcopal Hospital, Brooklyn, to Charles Alfred Smith. They will live in Ottawa.

ON March 25, in Rochester, N. Y., Kathryn Beatrice McKay, class of 1906, Rochester City Hospital, to Frank Carpenter Shant, M.D. They will live in Addison, N. Y.

ON June 16, in St. John's Church, Boulder, Colorado, Gertrude E. Haines, class of 1899, St. Luke's Hospital, Denver, to Captain Ward B. Pershing of the United States Army.

ON September 2, at Petrolia, Ontario, Canada, Margaret Jane Edmunds to Rev. William Butler Harrison. They will live in Louisville, Kentucky. Miss Edmunds was a missionary nurse at Seoul, Korea.

ON September 14, at St. Andrews Church, Toronto, Elizabeth McLeod Patton, graduate of the General Hospital, Montreal, and for many years superintendent of Grace Hospital, Toronto, to Dr. Charles John Currie, B.A.

ON October 10, at Fort Worth, Texas, Jennie S. Cottle, one of the older graduates of Harper Hospital, Detroit, and president of the Graduate Nurses' Association of Texas, will be married to Forrest M. Beaty. They will live at The Cordova, Fort Worth, Texas.

ON September 10, Iva Cliff, class of 1904, Asbury Hospital, Minneapolis, to T. J. Benson, M.D., a graduate of the University of Minnesota. They will live at Fromberg, Montana. Miss Cliff has been during the past year assistant secretary of the Hennepin County Graduate Nurses Association, Minneapolis.

DEATHS.

ON July 31, at Montclair, New Jersey, Annie M. Cook died suddenly of heart failure. Services and burial were at Philadelphia on August 3. For thirteen years Miss Cook held the position of lady superintendent in Dr. Howard A. Kelly's private sanitarium in Baltimore. She was highly gifted, with a singular force of character and of a charming personality, exerting a strong influence upon all with whom she came in contact. The faculty reposed implicit confidence in her judgment. Although a thorough disciplinarian, she won the love and esteem of the nurses, whom she always treated with kindness and consideration. In the patients' rooms, her presence was a benediction, infusing hope and courage in the weak and despondent. Hundreds will mourn her loss.

Miss Cook was devoted to her profession, was a true Christian and a loyal churchwoman. However arduous the duties of the preceding week, she seldom failed to be present at the Lord's table on Sunday morning at Emanuel Church. Those who knew her will long cherish the memory of a dearly beloved friend.

ON August 14, at the City Hospital, Augusta, Georgia, after a three weeks' illness of typhoid fever, Mrs. Armstrong, who was Alma Cohen, class of 1904, Park View Sanitarium, Savannah, Georgia. Mrs. Armstrong is the first graduate of the school to be taken by death.

ON August 2, at Seattle, Washington, Sara L. Cook, class of 1886, Indianapolis City Hospital Training School.

HOSPITAL AND TRAINING-SCHOOL NOTES



[Through the unfamiliarity of the assistant editor of the JOURNAL with the eastern schools, and from a confusion in distinguishing between the Philadelphia Hospital Training School and the Philadelphia School for Nurses, there slipped into this column in the July number a notice of the graduating exercises of a short term school. It has never been the JOURNAL'S policy to countenance short term or correspondence schools and we regret the error that was made. We have heard before of annoyance caused by the similarity of name in these two schools, and it seems a pity that a school of inferior standing should have a title so like that of one well known and respected.—Ed.]

At the graduating exercises of St. Francis' Hospital Training School, Hartford, Connecticut, five nurses were presented with diplomas by Bishop Tierney. Dr. Marcus Johnson gave the address. The graduates were: Rose T. Moore, Anna T. Byrne, Josephine C. Horan, Mary G. Murphy, and Lea Benoit.

At Kalamazoo, Michigan, a colony for advanced cases of tuberculosis has been started, consisting of one main shack for four, three individual tents, dining and kitchen, and pavilion. Excellent results were seen within two weeks from its establishment. Seven hundred dollars was raised in one day by "blue flag day." The work was done on the spur of the moment to care for some wretchedly dangerous cases as regards infection.

THE Norfolk State Hospital Training School for Nurses, Norfolk, Nebraska, issues a modest circular which gives an unusually good curriculum for a state hospital. The theoretical training is very broad and the practical work of two years in the state hospital is supplemented by six months' affiliated training in some general hospital, including training in obstetrics. Special stress is laid on personality and character.

A DELIGHTFUL private sanatorium is being opened at Methuen, Mass., by Mary E. Barr, who has held the position of superintendent at Margaret Pillsbury Hospital, Concord, N. H.; the Eliot Hospital, Manchester, N. H.; and the Lawrence General Hospital, Massachusetts. An attractive, roomy mansion has been put into comfortable order for its new purpose and its shade trees and lawns make restful surroundings.

ON November 1 there will be opened at Elyria, Ohio, the Elyria Memorial Hospital, in a fine new fire-proof building, three stories high, of pressed brick

and sandstone, situated within a half mile of the public square, yet removed from the noise and smoke of the city. There is provision for all classes of patients and it fills a need of the city which has not before had adequate provision for its sick. Virginia R. Witmer is superintendent.

THE Nassau Hospital at Mineola, Long Island, N. Y., issues its eleventh year book. Like most other institutions this has felt the financial stringency, so that there has been anxiety lest the work must temporarily cease, but the crisis was passed safely by the generosity of its friends. During the year two wings have been erected, a dispensary building and an operating pavilion, all gifts, and all completely furnished. These additions have required an increase of the staff of pupil nurses from eighteen to twenty-four, and the nurses' home has been correspondingly enlarged.

THE annual report of the Alumnae Association of the Montreal General Hospital Training School for Nurses appears in the form of a small brown booklet, containing the president's address, reports of officers, and names of members, all clearly given. The association has been conducting a registry for the past year which is most promising.

PLANS for the new dormitory for nurses at the Free Hospital for Women in Brookline, show a three-story, brick structure, to contain large classrooms, sitting-room, suite of apartments for the head nurses, suites of two rooms for the assistant head nurses, and twenty rooms for the regular staff of nurses. The structure will be of yellow brick with stone trimmings.

THE graduating exercises of the Grace Hospital Training School for Nurses, Toronto, were held on September 12 at 8 o'clock. The graduating class numbers fifteen.

THE graduate nurses of Toronto expect to hold a week's fête in Massey Hall, early in the month of November, for the purpose of raising funds with which to build a nurses' club-house.

CANADA is slowly coming into line in the matter of school nurses. Two school nurses in Montreal and one in Hamilton began work on January 1, 1908, and it is expected that Brantford, Ontario, will also appoint a school nurse in the near future.

CALGARY, ALTA., is building a new general hospital. Saskatoon, Saskatchewan, and Minnedosa, Manitoba, are also engaged in the same munificent work.

THE Massachusetts General Hospital, Boston, proposes to give a six months' course in institution management to a few graduates of its training school for nurses. Students will live outside of the hospital. They will be on duty every day in the week, except on Sundays, beginning at eight in the morning and usually completing their work at five in the afternoon. No tuition will be charged for this course and lunches will be provided for pupils by the hospital. The work will begin November 1, 1908, and May 1, 1909.

The course will be largely one of observation of the practical running of the different parts of the hospital. The pupil will observe the methods by which the various departments of the hospital are controlled. She will be instructed in the admission and discharge of patients; will acquire some knowledge of book-keeping, the ways of checking the purchase and use of supplies, and of conducting hospital correspondence. Instruction will be given in the methods of heating, lighting and ventilating buildings. She will spend some time in the storeroom of the hospital, the kitchen and diet-kitchen, laundry and the office of the training school. In the last named department she will be instructed in the relations of the training school to the other departments of the hospital and in the duties of the head nurses in charge of the large subdepartments, like the out-patient department, surgical building, and accident ward, and in the duties of head nurses in the wards. She will also receive instruction from the superintendent of nurses in the methods of admission of pupils to the training school, their rotation of duty and their special courses.

THE new Home for Nurses in connection with the Providence Hospital was opened in August. The nurses are now comfortably and happily installed, and greatly enjoy their new quarters.

NEW YORK STATE EXAMINATION

June, 1908.

ANATOMY AND PHYSIOLOGY

1. Name the bones of (a) the upper extremity, (b) the lower extremity.
2. What bones inclose (a) the thoracic cavity, (b) the pelvic cavity?
3. What is bone and how is it affected by diet?
4. What are (a) voluntary muscles, (b) involuntary muscles?
5. How are muscles attached to bones and to soft tissues? What are sphincter muscles?
6. What are synovial membranes?
7. Describe the course of the circulation of the blood.
8. Mention the purpose of the valves of the heart.
9. Name the digestive organs.
10. Give approximately the time of eruption of (a) the first teeth, (b) the second teeth.
11. Explain why care of the teeth is important.
12. What is gastric juice and in what part of the alimentary canal is it secreted?

13. What connection is there between the ear and the throat?
14. Name the excretory organs.
15. What is meant by assimilation?

BACTERIOLOGY

1. What is bacteriology?
2. What conditions influence the growth of bacteria?
3. Through what avenues do disease-producing bacteria enter the body?
4. Define period of incubation of a disease.
5. What are antitoxins?
6. What are antiseptics?
7. Name *three* chemical substances in common use as germicides.
8. In what way are disease germs thrown off in pulmonary tuberculosis?
9. By what process may water suspected of being contaminated by disease-producing germs be made safe to use?
10. Describe either the fractional or the intermittent method of sterilization.
11. Why is the fractional method of sterilization used?
12. What is meant by taking aseptic precautions?
13. In what ways are bacteria excreted from the human body?
14. Tell how to dust a sick room. Give reason for the method employed.
15. What measures would you take to prevent bacterial contamination in disease?

DIET COOKING

1. What are the uses of water in the body?
2. Name *three* vegetable acids.
3. Give *three* examples of foods in which starch is found.
4. Of what value is sugar as food?
5. Give *three* examples of foods containing fat.
6. What hygienic effect has heat on milk?
7. How should an egg be boiled? How should it be served to an invalid?
8. How would you make a raw beef sandwich?
9. Why is stale bread more easily digested than bread freshly baked?
10. Give recipe for lemon jelly.
11. Outline a breakfast for a convalescent man.
12. Outline a dinner for a convalescent woman.
13. Give recipe for creamy rice pudding.
14. Of what value are fruits as food?
15. What are the requirements of food for a fever patient in order that proper nourishment may be obtained?

MATERIA MEDICA

1. Mention three ways in which medicines may be (*a*) administered internally, (*b*) applied externally.
2. What is the treatment of poison cases in general?
3. If a patient has taken a tablet of bichloride of mercury what is the first thing the nurse should administer while awaiting the arrival of the physician?
4. What are alkaloids?
5. Name *two* of the principal alkaloids of opium and state the dose of each.

6. Define cathartics or purgatives.
7. Give *three* examples of (a) laxatives, (b) saline purgatives or hydragogues, (c) cholagogue purgatives.
8. Define rubefacients and give *three* samples.
9. From what is cacao butter obtained?
10. From what is coca obtained? Name the alkaloid of coca. What is the most familiar preparation of coca?
11. How would you make (a) a flaxseed poultice, (b) flaxseed tea?
12. How would you prepare a hypodermic injection of strychnin sulphate gr. $\frac{1}{20}$ from tablets gr. $\frac{1}{60}$?
13. If given an order for a stimulating enema of whisky \mathfrak{z} ii, how would you prepare it and how would you administer it?
14. Define antemetic and give *three* examples.
15. How would you prepare 2000 cc. of bichloride of mercury 1-3000 from a solution of 1-50?

MEDICAL NURSING

1. Mention *two* classes of local heat applications. Which class has the more marked effect? Which is the more depressing?
2. Mention *two* results that may be secured (a) by the application of local heat, (b) by the application of cold.
3. What *three* points should be observed in noting the character of the pulse?
4. What is (a) a dicrotic pulse, (b) an intermittent pulse, (c) an irregular pulse?
5. What is the difference in frequency between the normal pulse of an adult male and that of an adult female? What is the normal pulse-rate of a child eight years old?
6. Describe (a) stertorous breathing, (b) Cheyne-Stokes respiration.
7. Describe the preparation of a patient to whom antitoxin is to be given.
8. Differentiate sunstroke and heat exhaustion. Outline the nursing care of each.
9. Describe a nursing measure that may be employed to obviate the necessity for catheterization.
10. What is the period of incubation in typhoid fever? What is the usual duration of the fever in moderate cases?
11. Mention *two* common forms of tuberculosis.
12. Outline the nursing care of each of the forms of tuberculosis mentioned in answer to question 11.
13. Define paraplegia, hemiplegia.
14. What serious condition may arise in either paraplegia or hemiplegia, directly traceable to poor nursing?
15. What are the nurse's duties in regard to the body of the patient immediately after death?

SURGERY

1. What is (a) an impacted fracture, (b) a greenstick fracture?
2. Tell what you would do, before the arrival of the surgeon, for a patient who was suffering from a fracture of one of the bones of the forearm and who had to be moved some distance.

3. What are infected wounds?
4. What is the aim of modern surgical technic?
5. What is intravenous infusion and under what circumstances is it employed?
6. Tell how you would prepare a patient for abdominal section.
7. At what temperature should the operating room be kept during operations? Why?
8. How would you care for a patient recovering from anæsthesia after abdominal section?
9. Give a routine method of cleansing the hands before caring for a surgical case.
10. For what purposes are bandages used in surgery?
11. What would you do (a) if your own clothes caught fire, (b) if the clothes of another person caught fire?
12. How would you control hemorrhage from the brachial artery?
13. Tell how you would (a) sterilize instruments before an operation, (b) clean instruments after an operation.
14. If a patient is suffering from shock following hemorrhage and the arrival of the physician is delayed for some time, what should the nurse do?
15. What rules should be observed in removing a dressing from a wound and applying a fresh one?

NURSING OF CHILDREN

1. What should be the temperature of the food given to an infant?
2. What position is best for an infant while feeding?
3. Mention a point to be observed by the nurse in bringing up a child on artificial food.
4. Give some of the causes of infantile vomiting due to improper care.
5. What physical development in the child indicates that other food than milk is needed?
6. How should a child's bed clothing be arranged at night?
7. At what season of the year and at what ages does diarrhœa usually occur among children?
8. To what faults in nursing may diarrhœa sometimes be traced?
9. How does cholera infantum begin? What nursing care is essential in cholera infantum?
10. What care is essential to the successful nursing of a child with meningitis?
11. Give the temperature of the bath for a child with convulsions.
12. What measures would you take to prevent colic in an infant?
13. How long should an infant be kept in the bath?
14. What special care should be taken in bathing a child?
15. How should a child with eczema be bathed?

OBSTETRIC NURSING

1. What are the three stages of labor? State when each stage begins and ends.
2. What care should be given the patient during the last stage of labor and for a short time after it?

3. In case of postpartum hemorrhage what should the nurse do while awaiting the arrival of the physician?
4. If a patient cannot void urine twelve hours after labor, what expedients should the nurse try before passing the catheter?
5. How should the nurse prepare the breasts a few hours after labor?
6. Why should the nurse take aseptic precautions when caring for the breasts?
7. How would you proceed to resuscitate the newborn in case of asphyxia?
8. When giving daily bath to the newborn what parts require particular care and attention?
9. What is the difference in composition between human milk and cow's milk?
10. What is modified milk?
11. If an infant is to be bottle fed, how many feedings would you prepare and how much would you give in twenty-four hours (a) from the third to the seventh day, (b) during the second and third weeks, (c) during the fourth and fifth weeks?
12. What is the appearance of the infant's normal dejecta after the meconium has been passed?
13. Mention the garments required for the newborn (a) in July, (b) in December.
14. What is the nursing care of a case of pernicious vomiting?
15. Give a list of articles to be sterilized and the utensils needed in a case of normal labor.

GENITO-URINARY NURSING

1. Define genitourinary.
2. Give *two* causes of variation in the amount of urine passed by a healthy adult in twenty-four hours.
3. Name the urinary organs.
4. What is the chief organic substance of urine?
5. How is the amount of urea increased?
6. How can the nurse determine the reaction of urine?
7. Tell how to pass a catheter.
8. What may cause false passages? How may false passages be prevented?
9. Describe normal urine.
10. Define oliguria, polyuria.
11. Describe the process of giving a mercurial inunction.
12. In caring for a case of gonorrhœa what precautions should the nurse take to prevent the spread of the infection?
13. Describe a simple method of giving a mercurial bath.
14. How is syphilis transmitted?
15. Define paraphimosis, prepuce, circumcision.

The result of the examination was as follows: number that took entire examination, 260; number who failed to secure the 75 per cent., 29. (Five others took examination in part.) Failures in the different subjects were as follows: practical examination, 7; anatomy and physiology, 18; medical nursing, 2; obstetrical nursing, 6; nursing of children, 22; bacteriology, 2; surgery, 2; materia medica, 18; diet cooking, 18.

PRACTICAL SUGGESTIONS



IN the junior examination at Adams Nervine, Jamaica Plain, Mass., during the past year was asked this question: "State three ways each in which a nurse may economize the supplies of an institution in food, in dishes, in bed-linen, and in the strength of its nursing force."

The following answers were among those handed in:

FOOD

1. To economize in food, in bread for instance, use up all of one loaf before starting on another; make toast of dry pieces or stale bread, if there is any, before cutting up fresh bread for same. Do not put a lot of bread on a patient's tray who always leaves the greater part of it; try and bear in mind the quantity a patient usually eats when preparing meals. It is better to have the patient ask for more than to throw out the greater part of what was taken in.

2. In meats, etc., put sufficient on trays but do not load them, as an invalid loses her appetite when confronted by a large amount of food. A small amount daintily arranged is much better, as the patients will probably eat it all, whereas they would otherwise just taste of the other things and eat next to nothing.

3. Be careful to send back what is left over after meals are served, in good condition to the kitchen.

DISHES

Pile carefully, handle carefully, do not put glasses in too hot water; be careful about not chipping the dishes. In granite dishes do not leave them standing on the fire after you have used a part of the contents, as the part where it has been will scorch; do not let them boil or subject them to too great heat and break the enamel. Count them over often to see that the right number is present, if not, then find out what has become of them.

NURSING FORCE

1. A nurse may economize in strength of nursing force by, on her own part, taking good care of her own health, resting when tired instead of going out and becoming more tired. In short, trying to keep in good condition to perform her own work and help others if necessary..

2. By working in unity with other nurses; helping out if another is working harder than she is, and trying to help along with the work. In general without thinking or saying "That is not my work."

3. By trying to do as you would wish others to do for you, persuading tired nurses to stay at home and rest instead of going out all the time.

LINEN

A nurse may economize in linen by keeping a correct list, by having little holes attended to at once, by being careful about spilling medicines and by washing out stains. By being careful that ink-bottles are not left so as to stain the linen. By seeing that the linen is used for what it is intended, not for dusters, etc. By having certain times for changing and not keeping too much in the patients' rooms. By never putting it away while damp, or using it if it needs to be mended.



SOME ADVANCES IN INFANT FEEDING.—Dr. F. H. Lamb in the *Archives of Pediatrics* summarizes his paper as follows: 1. The most important thing in infant feeding is to know the amount taken in twenty-four hours. The only way to do it is to calculate energy quotients. 2. The percentage method is uncertain and complicated. 3. The quantity of food and not the percentage is desirable. 4. Overfeeding is the commonest cause of nutritional disturbance, and is a clinical entity. 5. Fat in cow's milk is to be feared. 6. Fat causes constipation, proteids do not. 7. Curds in stools are not proteid, but calcium soaps, fatty acids, or fats. 8. Casein is not difficult to digest, does not cause digestive disturbance, nor undergo putrefaction in the intestine. 9. The newborn infant can digest starch. 10. Dextrins and starches are valuable additions to milk feeding. 11. The volume of a child's food should depend on its weight and should never exceed 36 to 38 ounces. 12. The interval between feedings should never be less than three hours, and after the third month of life should be four hours.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

A MANUAL OF FEVER NURSING. By Reynold Webb Wilcox, M.A., M.D., LL.D., Professor of Medicine at New York Post-Graduate Medical School and Hospital; Consulting Physician to the Nassau Hospital; Visiting Physician to St. Mark's Hospital, etc. Second Edition. Price, \$1.00 net. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

This volume consists of a series of lectures given to the nurses of St. Mark's Hospital. The subject is treated in the first five chapters generally, that is to say a lecture on the definition of fever; its causes; varieties, forms of recovery; recrudescence; relapse; range of temperature; symptoms. A second lecture on the thermometer; its use; charting and recording, etc., and so on through treatment, diet, disinfection, until at the fifth chapter the specific sorts of fevers are taken up and the treatment, so far as nursing is concerned, is discussed. The lectures have been put in shape for publication by Dr. H. H. Pelton, who has submitted some of the practical questions to Miss Annie M. Rykert, of the Margaret Fahnestock Training School for Nurses, so that the book comes to us with a sort of guarantee of merit.

MATERIA MEDICA FOR NURSES. With an Epitome of Official Drugs, Preparations and Chemicals, giving their Medicinal Uses and Doses; and Questions for Self-examination. By John E. Groff, Ph.G., Apothecary in the Rhode Island Hospital; Professor of Materia Medica in the Rhode Island College of Pharmacy. Fourth Revised Edition. Price, \$1.25 net. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

The fourth edition of this well-known work has been revised by Lucy C. Ayers, superintendent of Nurses' Training School of Rhode Island Hospital, with the collaboration of Dr. Herman C. Pitts. The special feature of the book is the list of questions following each chapter and

making self-examination possible and easy to the student. The last third of the book consists of an epitome of the official drugs, preparations, and chemicals, giving both Latin and English names; the synonym if there is one; the part of the plant used, or the origin, if chemical, with their medicinal uses and doses.

NURSING THE INSANE. By Clara Barrus, M.D., Woman Assistant Physician in the Middletown State Homeopathic Hospital, Middletown, N. Y. Price, \$2.00 net. The Macmillan Company, New York.

While this work forms a valuable addition to nursing literature, it is probable that its title will hardly convey a correct idea of its contents, and it is quite possible that disappointment awaits such readers as may be on the watch for strictly nursing methods taught by books. The writer knows her subject well—and writes with an enthusiasm most contagious—but in a general rather than a particular way and presupposing a knowledge of nursing methods in her readers that dispenses them from the necessity of learning by principle and practice the various subjects which make up the training of a nurse.

Having, however, removed from her mind that it is a text book on nursing, it is a book which every nurse would do well to read carefully, and keep by her for future reference if she has any idea of nursing the insane. This class has Dr. Barrus's sympathy enlisted; and it is hard to understand, after reading the book, why this class of nursing fails to appeal to the profession at large as it seems to do. Why it is left so much to a class who are not willing to spend the time, and devote themselves to the study, necessary to become registered nurses. Dr. Barrus claims that nurses for the insane require exceptional qualities of mind and character, that the lack of intelligence in the patient must be counteracted by a special intelligence in the nurse,—we heartily agree,—but what is actually true concerning the nurses who make up the majority in the enormous insane hospitals throughout the country, are they not for the most part drawn from the sources which provide the domestic service rank and file? Dr. Barrus quotes George Eliot in stating the need for humility and forbearance in the nursing of the insane. "To be anxious about a soul that is always snapping at you must be left to the saints of the earth." So that besides great mental capacity the nurse in this case must be a moral giant also, more than that, religious.

The book is ethical rather than technical, and this is not to be counted a fault, for it is not in the nature of a general training for nurses

that this special teaching is required, although a general training leads the nurse up to it very naturally. Charles Reade's favorite saying "put yourself in his place" might well be made the motto of the book; and most touchingly is the idea used by the author—prisoners and captives, free neither in mind nor in body; we are made to see the insane in a light that cannot fail to stir our pity and which ought to arouse our responsibility, and fairly drive us into specializing in this branch of nursing.

Some chapters in the book, though they bear directly on the nursing of the insane, notably Chapters eighteen to twenty-three inclusive, make profitable reading for any class, and throw powerful side lights on those difficulties of personality, our own or another's, which make us uncongenial, irritating, bad neighbors; and if one is not above taking a hint one may arrive at the solution of many a vexed question. Dr. Barrus preaches convincingly on the cumulative power of conditions, right and wrong; a text by no means new, and perhaps one is apt to think that the last word has been said on the subject; but this is the point of the book—that one must keep on saying the same thing again and again and yet again, "line upon line, here a little and there a great deal," as she puts it; that one may be constantly fortifying one's self in advance so that success, against any odds, may be attained when the test of character comes. There are words of grave warning, too, against those insidious influences to deterioration, in rushing after a remedy for every ache and pain, in encouraging exaggerated sensibility, and catering to irritable nerves; selfishness and lack of self-control exhibited in whatever form.

HYGIENE FOR NURSES. By Isabel McIsaac. The Macmillan Company, New York.

The second volume of Miss McIsaac's series of text-books for nurses is now out and is published by the Macmillan Company of New York in the same form and color as her first book, "Primary Nursing Technique." Twelve chapters, making 201 pages, are filled with exactly the kind of information which all nurses and all women need to have, given in Miss McIsaac's most forceful and concise language. There is not one superfluous word, and the pages seem to give off much of her personality and magnetism. The headings of the chapters are: Food, Air, Soil, Water, Sewage, Garbage, Causes and Dissemination of Disease, Personal Hygiene, Household Hygiene, School Hygiene, Hygiene of Occupation, Disinfection, Quarantine.

The highest authorities, such as Harrington, Egbert, Bergey, Abbott,

and Gilman Thompson, are quoted from freely. Synopses of laws governing public sanitation, the regulations for school inspection and for school nursing, of school hygiene and food adulteration are gone into extensively, and there is a wealth of personal comment and suggestion from cover to cover. For instance, in the introduction she says: "Men may provide pure water systems, good sewerage, clean streets and laws to govern them, but beyond that their control of hygienic conditions is limited, and it is upon the women we must depend for the wholesome food and surroundings which stand for good health. Pure water and good drainage will not insure a household nor hospital against epidemics, which harbor dirty ice boxes, cellars stored with decaying fruit and vegetables, dirty kitchen sinks, drains, bath tubs and water closets, unclean beds, unwashed bodies and clothing, bad ventilation and food, and rooms crowded with useless decorations covered with dust. The keynote of good health is cleanliness of person and surroundings, while the chief cause of disease is filth."

To us, perhaps one of the most interesting chapters is that on the Hygiene of Occupation, the contents of which is shown by its subheadings: (1) Those occupations which are dangerous to health from the materials used,—irritating gases, poisonous gases and fumes, offensive gases and vapors, poisonous dusts, irritating dusts, infective matter in dust, exposure to heat, exposure to dampness, atmospheric pressure, restricted attitude. (2) Those occupations which in themselves are harmless but are carried on under unsanitary conditions. (3) Occupations involving danger of injury. (4) Occupations which are dangerous neither to life nor health. The employment of women and children. The dangers of long hours. Physical differences between men and women.

The chapter on disinfection deals with the disinfecting powers of light, heat, chemicals, soap, the different fumigating gases, etc., with methods of dealing with excreta, clothing, walls and woodwork.

This book fills a long-felt want in the training school and will be valuable to nurses in all branches of public and private work as well as in the home, and answers questions continually being asked by nurses in school and public health work who have had no authority to turn to. It gives in simple language the gist of the principles of household hygiene which are so difficult to extract from the voluminous works of scientific writers.

CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR THE
MONTH ENDING SEPTEMBER 14, 1908

GEE, MABEL D., transferred from temporary duty at Camp John Hay, Benguet, to Division Hospital, Manila, P. I.

GIBSON, ELIZABETH GORE, graduate of the Boston City Hospital, 1903; appointed and assigned to General Hospital, Presidio of San Francisco, Cal.

HAENTSCHE, AMALIE IDA, recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila.

HALLOCK, MARY H., transferred from Division Hospital, Manila, to Zamboanga, P. I.

HEFFERNAN, JOSEPHINE R., formerly on duty at the Division Hospital, Manila, P. I., discharged.

KEE, MAUDE B., transferred from General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Will sail September 15.

KEENER, LYDA M., recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila.

LUSTIG, GERTRUDE H., transferred from Division Hospital, Manila, to Camp Jossman, P. I.

MOORE, MARGARET, transferred from the Division Hospital, Manila, P. I., to duty in the United States. Reported at the General Hospital, Presidio of San Francisco, September 12 and assigned to duty at that hospital.

MORRIS, HANNAH P., transferred from Division Hospital, Manila, to Zamboanga, P. I.

NORDHOFF, PAULA E., transferred from the General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Will sail September 15.

NOWINSKEY, FRANCES, recently arrived in the Philippines Division, assigned to duty at Division Hospital, Manila, P. I.

REID, ELIZABETH D., recently arrived in the Philippines Division, assigned to duty at Division Hospital, Manila.

ROTHFUSS, EMMA, transferred from Camp Keithley, Mindanao, to the Division Hospital, Manila, P. I.

SELOVER, CLARA MARIA, formerly on duty at Division Hospital, Manila, P. I., discharged.

SWEENEY, MARY AGNES, transferred from Division Hospital, Manila, to Camp Jossman, P. I.

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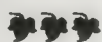
THE AMERICAN JOURNAL OF NURSING

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NO. 2

EDITORIAL COMMENT



THE CLOSING WEEK OF THE TUBERCULOSIS CONGRESS

MISS DOCK'S account of the nurses' session of the congress is given as the leading article in this JOURNAL. Following the week of the section meetings, the exhibit remained open until the evening of the 12th when, at 8.45 p.m. the Sixth International Congress on Tuberculosis was formally closed by brief addresses by Dr. John S. Fulton, the secretary-general of the congress, and Dr. Henry G. Beyer, chairman of the committee on exhibits. It was shown that this congress was by far the largest ever held. The paid up membership of the French congress, held three years ago, was 3200, while that of this congress is 6500. During the last week of the congress, a special educational crusade was carried on among school children and the employees of the different business houses of the city. Classes of school children, led by their teachers, were constantly seen marching to and from the building and groups of workmen were excused by their employers to inspect the exhibits and listen to short lectures prepared to meet their special needs.

CARE OF THE INCIPIENT PATIENT

From all that has been said and written on the subject of care of the early cases, we make the following suggestions as being the most practicable. These briefly stated are: that this work shall be carried on as a part of the regular service of the *already existing* general and city hospitals. In the light of our greater knowledge, special wards and tent additions for tuberculosis patients can be established and maintained without danger of infection of other classes of patients or of employees. The expense of administrative buildings and officers would thus be saved. The burden would be distributed throughout the states and country gen-

erally, and vastly greater numbers of people needing care could be gathered in for treatment during the curative period.

The prejudices of the common people against "consumptive hospitals" and "camps" have to be reckoned with. It is reasonable to expect that a patient will consent to go to a hospital in his own city, with which perhaps he is already familiar, and where his family may visit him, when he would refuse absolutely to go to a state institution at a distance or to a "consumptive hospital" in his own town, where to have been a patient practically brands him as unsafe.

With such a plan for the care of the incipient patients, all the powers of the city and state could be concentrated upon the segregation of the advanced cases for the protection of society, by gathering them into special hospitals, when humanely possible, or by placing them under the supervision of nurses maintained at public expense.

Education to be most effective must be directed toward the enlightenment of legislators, public officials, hospital managers, and the great rank and file of doctors and nurses. The inspiration of the Washington congress will be far reaching, but it will penetrate slowly the prejudiced minds of thousands of public officials who control the situation in their own locality, especially in the smaller centres. Public sentiment must not only be aroused but kept alive, and we know of no more influential factor in doing this than the well-informed private duty nurse.

THE NURSING SECTION PAPERS

The papers read on the special nurses' day at the congress will be printed in our pages, beginning in this issue, and during the coming months. We only regret that it does not seem expedient to give them all in one number. They will also be found in the official report of the Congress, copies of which may be obtained from Dr. Fulton at Washington. The price will be five dollars to those who were wise enough to pay for them in advance, but to those who did not it will be a good deal more, as it is found to occupy several large volumes.

THE WEST VIRGINIA STATE MEETING

THE editor was the guest, on the 14th of October, of the Graduate Nurses' Association of West Virginia, which held its third annual meeting at Fairmount. The journey from Washington directly west over the Blue Ridge and Allegheny Mountains was one of rare beauty, made doubly glorious by the tints of the autumn foliage. Fairmount is a little city of something less than 40,000 inhabitants, built on five hills,

on either side of the Monongahela River and is in close proximity to one of the greatest mining sections in the country.

Between sixty and seventy nurses gathered here from all over the state, and they were a very representative group of women. State registration was secured in West Virginia a year ago, and there was but little business to occupy the time. The papers were of a high order of excellence.

It will be remembered that the bill of the West Virginia nurses was vetoed by the governor after passing both houses of the Legislature because of the fact that women in that state are debarred from holding office, not being voters. During the session of the last Legislature an amendment to the constitution was carried through both houses and will at the coming elections be referred to the voters which will open the way for women to hold office. The governor referred the bill for state registration back to the Legislature and in place of the five nurses signified, "five persons" was substituted. The first board of examiners was composed of physicians, but if as a result of the referendum, the constitution of the state is changed, nurses may be appointed on the board without their bill having to be amended.

The last afternoon of the sessions was given over to the meeting of superintendents and head nurses of training schools. The problems in West Virginia are practically the same as those of the older nursing centres ten or fifteen years ago. The variety of experience for training in each hospital is limited, especially as so much of the work is in connection with the mines and largely surgical. The custom of sending nurses out to earn money for the hospital is almost universal. There is no limit to the amount of time a nurse shall spend outside of the hospital. The fact that nurses must hereafter be prepared for a state examination is beginning, however, to have a wholesome effect and there is a genuine awakening to the necessity for a more thorough and regular instruction on the part of all concerned.

The social features were a reception at the Cook Hospital on the first evening, when Mrs. Kendall, as superintendent of nurses, was the hostess of the evening, and a gathering at the miners' hospital on the second evening, Miss Vernon the hostess, where part of the time was given up to papers on tuberculosis. Miss Naomi Simmons presented a carefully prepared paper on "The Nurse's Place in Anti-tuberculosis Work." Dr. MacDonald, the superintendent of the hospital, who had attended the Tuberculosis Congress, made a most careful and interesting report of that convention, giving his own impressions and quoting extensively from the papers of the leading speakers. He made his address

especially interesting and valuable to the nurses by giving a description of the nurses' meeting and quoting from many of the papers read there.

A copy of Miss Dock's report, which appears in these pages and which the editor happened to have with her, was listened to with great interest by those present who had been most anxious to hear the result of the nurses' day.

The meetings ended with a trolley ride over to Clarksburg, all the way through mining country, where, unlike most mining regions, there is little external evidence of the work going on beneath the ground. The hills are unbroken, and the little villages of miners' cabins in the valleys are most picturesque as seen from the railroad.

The inspiration of the West Virginia association has come largely from Mrs. Lounsbury, who, as a former pupil and superintendent of the Homeopathic Hospital of Brooklyn, and the wife of a physician of Charleston, has been the leading spirit in the state work. To find so far from the great centres so enthusiastic a group of nurses, bent upon the elevation and advancement of their profession, is most inspiring.

A LAYMAN'S VIEW OF HOSPITAL WORK

UNDER this heading, Mr. J. Ross Robertson, of Toronto, Canada, gave some excellent advice at the recent meeting of the American Hospital Association. Most women who have been at the heads of hospitals and training schools for some years have had occasion to meet Mr. Robertson and will feel indebted to him afresh for his fair understanding of their difficulties. He said:

"My information and my experience point in the direction of small boards of management. Given a first-class superintendent, man or woman, to look after the work in the surgical and medical sides; a lady superintendent for the training school for nurses—if there be one—and a manager to cover the business end—all these under a small board of four or five trustees who are interested in the work, should suffice for the management of any hospital on this continent.

"There should be no interference by a lay board with the work of the medical staff, and likewise there should be no interference by the medical staff with the business management of the hospital. There is a proper way of adjusting difficulties, and so avoiding friction. Whatever is wrong can readily be righted when the entire facts are laid before the board or committee of management. Cases can be cited in Great Britain and on this continent where this clashing of interests has led

to disaster. Small boards and competent subordinates in management have worked out best in hospital work.

“There is no use for hospital managers being blown about by every wind of doctrine. Every special theorist must not be allowed to have his finger in the pie, exploiting his pet fads at the expense of the hospital.

“In all hospitals where there are training schools for nurses, the management of these schools is, as you all know, in the charge of a lady superintendent.

“It has often occurred to me that these women who hold such responsible positions do not get, in some cases, the cheerful consideration they should get from medical superintendents and boards of trustees.

“In fact, I know of cases in parts of this continent where, to use a familiar expression, the lady superintendent has “a hard time.” I have had the pleasure of meeting the lady superintendents of the continent in the annual meetings of their association, and in very many of the hospitals in which they are engaged in their work of training and caring for the nurses of their schools. My opinion is that no class of women engaged in hospital work deserves more kindly treatment and encouragement than they do. The pathway of their work is not one strewn with roses and should be made as pleasant as possible by kind words and attention and consideration to the suggestions they have to make to better the condition of their pupils and to improve the routine of the daily labor that falls to their lot.”

NATIONAL RESOURCES

WE have all been made aware, by uncomfortable personal experience, in whatever part of the country we may have spent the summer, that there has been a long period of drought, unprecedented in late years, accompanied by ruinous forest fires, in Canada, in our own northwest, and in the Adirondacks. All thinking persons will remember the warnings which they have heard again and again, of late years, that with the rapid cutting away of the forests both drought in the summer and floods in the spring are to be expected. The great use of the forests in conserving and regulating the water supply is that they act as a sponge, gathering and hoarding moisture, and letting it forth gradually as it is needed; but with no forests, the water is released in torrents at the time of melting snow in the spring, and there is drought later.

Another indirect but very interesting use of the forests is in conserving public health as is pointed out in a bulletin issued by the

Forestry Department, in which the deductions of Professor Irving Fisher are given. We quote in part:

“This subject of the economic value to the country of a general raising of the average health came up in the Governor’s Conference at the White House in May. Dr. George M. Kober in his speech on the ‘Conservation of Life and Health by Improved Water Supply’ at the conference presented figures which showed that the decrease in the ‘vital assets’ of the country through typhoid fever in a single year is more than \$350,000,000. Typhoid is spread by polluted water largely so that the death-rate from this disease can be directly reduced by the purification of city drinking water. Dr. Kober quoted statistics to show that the increased value of the water to the city of Albany, where the typhoid fever rate was reduced from 104 in 100,000 to 26 by an efficient filtration plant, amounts to \$475,000 a year, of which \$350,000 may be considered a real increase to the vital assets of the city. Census Bureau figures show that the average annual death-rate from typhoid in cities with contaminated water supplies was reduced from 69.4 per 100,000 to 19.8 by the substitution of pure supplies.

“Dr. Kober cited estimates showing that the average length of human life in the sixteenth century was between 18 and 20 years, and that at the close of the eighteenth century it was a little more than 30, while to-day it is between 38 and 40—indeed, the span of life since 1880 has been lengthened about six years.”

The control of our natural water supply would, of course, result in purer water, for there is more danger in low water with a feeble current than in a full stream with a good volume.

Every nurse should be interested in problems affecting the public health and she should be ready to do her part in the campaign by spreading such necessary knowledge among the people. When public apprehension is thoroughly aroused, there will be a better chance for forest preservation. Here are a few condensed facts from another forestry bulletin for the benefit of those who are almost unacquainted with this problem.

“In the last ten years,” says the Yearbook of the Department of Agriculture for 1907, “forestry has advanced in this country from an almost unknown science to a useful growing profession. In that time the number of technically trained foresters has increased from less than a dozen to over 400. Ten years ago there was not a single forest school in the country; now there are several professional forest schools which rank with those of Europe, and a score more with courses in elementary forestry whose usefulness is steadily growing. The number of States

which have State forests has increased from 1 to 10, and of those which employ trained foresters from none to 11. The membership of forest associations has increased from 3600 15,000.

“And yet American forestry has only safely passed the experimental stage and got ready to do something. Action, immediate and vigorous, must be taken if the inevitable famine of wood supplies is to be lessened. We are now using as much wood in a single year as grows in three, with only twenty years’ supply of virgin growth in sight. Only the application of forest knowledge with wisdom, method, and energy, in the next ten years, can prevent the starving of national industries for lack of wood.

“The wood lot offers an excellent opportunity for the practice of forestry. It is accessible enough to allow of moderate cuttings at frequent intervals, and it may be protected from trespass and grazing, and from fire, its chief enemy, without an elaborate scheme of defense; then taxation is not a great burden, because the revenue from farm supplies more than meets this item every year, and thus prevents the accumulation of interest. In New England, New York, and Pennsylvania great interest has been taken in planting white pine and other species.”

THE NATURE OF SHOCK

DR. CHARLES H. LEMON, of Milwaukee, contributed to the *Yale Medical Journal* for June an article on this subject, illustrating not only the extensive and severe shock which we associate in our thoughts with the term, but the shock following intense fright. He illustrates it by the supposed case of a man in a railway accident who is without injury and who at first seems perfectly well, but after his return to his home, “the man is quiet, the exaltation of mind has disappeared, the pulse is rapid and he is overtaken by a feeling of fatigue. Reaction begins, he becomes conscious of pain in various parts of his body, he is nauseated, the extremities are cold though not bathed in perspiration; and if the accident has followed shortly the ingestion of a meal, he vomits. Six hours later there is a slight rise of temperature and the patient has a restless night. The following day the tongue is coated, there is headache, the face is flushed and may appear swollen, there is complete loss of appetite, there is pain in the small of the back, between the shoulder-blades, and at the base of the skull. The patient is irritable, he is anxious about his business affairs and almost without exception his bowels fail to move. The assurance of the previous day that he was not injured, gives place

to a despondent fear that he is seriously injured and that his condition will become progressively worse."

These symptoms are explained as due to the severe disturbance of the nervous system, causing circulatory disturbance and arrest of the normal secretions of the body, and the physician has a case of auto-intoxication to deal with. In the frequent cases of this kind which a nurse has to meet alone, she can act more intelligently in relieving the symptoms, if she bear in mind what the condition really is.

Dr. Lemon thinks more attention should be given to such states which are often treated slightly at first. Cases of serious depression and even of death have followed extreme mental disturbance even where there has been no accompanying injury.

CHOLERA

How many of us know anything definite about cholera? We think of it as a scourge of unclean countries, one that flees before civilization, but most of us have never seen a cholera patient and do not know, even vaguely, what the symptoms and treatment are.

The *British Journal of Nursing* for September 26 contained a very interesting article on this subject, quoted from the *British Medical Journal*, and written by Mr. R. W. Burkitt, F.R.C.I., a man who signs himself as coming from Lower Assam, and who has evidently had first hand dealings with cholera, so that he knows whereof he speaks.

Cholera begins with violent diarrhœa, accompanied by colic and cramps, and very quickly by vomiting. Through the vomiting and diarrhœa immense quantities of water are thrown off from the system, and great prostration comes rapidly. The vomiting and diarrhœa continue until there is utter collapse. Nothing can be retained by mouth or by rectum. Death comes rapidly, often in eight or ten hours from the onset of the disease; with children, it may occur in two hours.

Mr. Burkitt treats his patients with hypodermic injections of morphia, gr. $\frac{1}{4}$ to $\frac{1}{3}$, one dose being usually sufficient to give the needed rest. As soon as there is sufficient quiet he gives the patient enormous quantities of water to drink, to replace that lost, and this constitutes the whole treatment. If a patient is already in collapse when first seen it may be necessary to give an intravenous injection of salt solution. Since beginning this method of treatment, he has not lost one patient of those he has seen in the early stages, while the mortality of untreated cases is as high as 95 per cent.

THE NAVY NURSE CORPS

ESTHER VOORHEES HASSON, the newly appointed head of the Navy Nurse Corps, graduated ten years ago from the New Haven School for Nurses, and since that time has divided her time about equally between institution work and private duty. She was one of the first army nurses, serving on the hospital ship *Relief* during the Spanish-American War, and afterward in the Philippines. She has recently been one of the nurses at Panama.

She comes from a line of ancestors distinguished in the service of their country, two great-grandfathers having been in the colonial and revolutionary wars; her grandfather was in the army, her father was an army surgeon, and her brother is in the Revenue Marine Service. As a child she wished to be an army nurse, inspired by family tradition and by Miss Alcott's Hospital Sketches. Though naturally proud of her "fighting ancestors" she made no mention of them until after her appointment was secure, wishing to be judged wholly by her nursing methods.

Having proved herself equal to official responsibility in government service, and being used to the management of graduate nurses, there is no doubt that the choice is a happy one. The first nurses to be enrolled will number about twenty, two examinations having been held. The plan is "to expand the corps very gradually and make most careful selections of the nurses." Of those first appointed, Miss Hasson writes:

"The names of those already in the service together with the schools from which they were graduated are as follows:

"Elizabeth Leonhardt, Protestant Episcopal Training School, Philadelphia, Pa.; Clare L. Deceu, Buffalo General Hospital, Buffalo, New York; Ada M. Pendleton, Garfield Memorial Hospital, Washington, D. C.; Elizabeth J. Wells, Garfield Memorial Hospital, Washington, D. C.; Mary H. DuBose, Lane Hospital, San Francisco, Cal.; M. Estelle Hine, ex-army nurse, Northwestern Hospital, Minneapolis, Minn.; Sara M. Cox, ex-army and Spanish War nurse, Boston City Hospital, Boston, Mass.; Florence T. Milburn, Children's Hospital, Boston, Mass., with training at the Massachusetts General and post-graduate training in the Corey Hill Hospital, Boston, Mass.; Mrs. J. H. Higbee, Post-Graduate Training School, New York City, and Bellevue and Allied Hospitals, New York City; J. Beatrice Bowman, Medico-Chirurgical Hospital, Philadelphia, Pa.; Della V. Knight, ex-army nurse, German Hospital, Brooklyn, N. Y.; T. B. Small, Johns Hopkins Hospital, Baltimore, Md.; Elizabeth Hewitt, Spanish War nurse, Columbia and Children's Hospital, Washington, D. C.

"The first two to receive appointment as head nurses will be, Martha E. Pringle, Protestant Hospital, St. Louis, Mo., eight years in the Nurse Corps of the U. S. Army as nurse and head nurse, and Victoria White, St. Luke's Hospital, South Bethlehem, Pa.

"Miss White has for seventeen years occupied the position of superintendent at the above hospital, Miss Deceu and Mrs. Milburn have also occupied positions as the heads of hospitals and training schools, as have possibly others in the corps. Miss Hewitt was for two years assistant at the Children's Hospital in Washington."

ANOTHER INTERESTING APPOINTMENT

Miss M. Eugenie Hibbard, whose name is closely associated with nursing in Cuba, has received the appointment of Inspectress General of Nurses of the Island of Cuba. This position has just been created, being provided for in the budget which received official recognition during July. Just before sailing for Cuba on October 3, Miss Hibbard wrote a little sketch of the new office.

"The obligations of this duty are to serve in the office of the Department of Charities and to be responsible for all that pertains in relation to the schools for nurses of which there are seven in the island—two in the Capital (Havana), one special in Mazarra, one in each of the following provinces: Matanzas, Cienfuegos, Camaguey, and Santiago de Cuba; at the convenience and under orders of the Department to make inspections or investigations of whatever hospitals employ the services of graduated nurses; to keep a complete register of all nurses, whether student or graduate nurses, and of everything which relates to nurses or nursing."

Miss Hibbard's name is familiar to many JOURNAL readers, as a Spanish-American nurse, as having accompanied the hospital ship *Maine* to South Africa, an account of which she wrote for the first numbers of our magazine, as superintendent of a hospital in Havana, and later at Panama.

Both Miss Hibbard and Miss Hasson seem to have been unconsciously preparing themselves for their present responsible positions.





ESTHER VOORHEES HASSAN, CHIEF NURSE IN THE UNITED STATES
NAVY.

THE INTERNATIONAL CONGRESS ON TUBERCULOSIS IN WASHINGTON

By L. L. DOCK, R.N.

Secretary of Nurses' Session

BEFORE trying to describe the wonderful success of the Congress, especially as to our interest, the special session for nurses, it is proper to emphasize once more that the credit for this unique recognition of nurses as important factors in the warfare against tuberculosis is due to Miss Adelaide Nutting, formerly of the Johns Hopkins Hospital, now, as everyone knows, at Columbia University in the Chair of Institutional Management. Although a few individual nurses would have been placed on the general program through the action of Mr. Devine, no special recognition of them as a body had been planned or even thought of by the men who were organizing the congress. Miss Nutting, realizing their actual importance in tuberculosis work and foreseeing its great extension, was determined that conspicuous recognition should be given to them in this congress, and the result of her far-sight and energy was the special session held on Thursday, October first, which must be marked with a white stone in our history. The session was one of the regular program of Section V under Mr. Devine's presidency, "The Economic and Social Aspects of Tuberculosis." The Chair, however, for the morning, was yielded by Mr. Devine to Miss Lillian D. Wald, who inspired the gathering with a special feeling of interest.

That the meeting went with a swing may be judged by the fact that some fifteen or sixteen papers were read, and a little time was even available for discussion. The papers were short and practical and intensely interesting. They dealt with every phase of nursing work as regards tuberculosis and excited general attention. Indeed we heard some remarks to the effect that the nursing session was the most interesting of all the meetings. A goodly number of nurses was present and the room was filled to its utmost capacity with a general audience. At the end, Mr. Devine himself, Dr. Fulton, the secretary-general, and a number of other physicians shared in the discussion.

From the standpoint of the advance of the nursing profession it was most inspiring and gratifying to see the splendid array of young and enthusiastic women who presented their papers, and to realize how extremely intelligent and thoughtful they were on all the social and economic questions underlying the strictly medical and nursing aspects

of the great white plague. Their papers were by no means simply nursing papers, nor limited to the mere work of a nurse with a patient. They were also valuable contributions to the deeper social questions which were throughout made prominent in Section V. To an observer who can look back twenty-five odd years and compare the general knowledge of nurses of social conditions at that time, as related to problems of sickness and health, with the all-round, well-balanced intelligence of the young nurses who presented papers at this congress, the contrast is most encouraging, for one realizes that, after all, in spite of obstacles and discouragements an immense advance has been made in the broader education of nurses.

The first paper was read by Mrs. VonWagner, of Yonkers, who gave with her accustomed energy an account of the opportunities of a sanitary inspector to assist in the tuberculosis propaganda. It had been hoped to have some discussion upon the policy of the New York Tenement House Department which forbids its inspectors to do any personal teaching of tenants, but this was not forthcoming. Miss Elsie T. Patterson, of the Vanderbilt Clinic, described the methods of disinfection in tenement houses of New York City. Miss Marie Phelan, of Rochester, in a very frank and outspoken paper, detailed what is *not* done in the disinfection of houses in cities. Miss Bertha L. Stark, in an exceedingly well-prepared paper, described the very interesting work that has been recently developed in the public schools of Pittsburgh in teaching the children preventive hygiene as to tuberculosis.

That we may in the future expect large and systematic extension of nurses' work in the tuberculosis campaign was to have been emphasized by accounts of the staff of nurses employed by a large city (New York) and that under a state department (Pennsylvania), where there are now county dispensaries for tuberculosis in every county of the state, and where nurses, at present connected with about half of these dispensaries, are to be finally placed in each one. These two papers, however, were only read by title as was also a paper presented by Dr. Jay Perkins on the District Nurses' Association in Providence. From Denver came a paper on the attitude of the modern district nurse to tuberculosis, sent by Miss Florence Smithwick, superintendent of the Visiting Nurses' Association. An excellent and suggestive paper on "Sanatorium Atmosphere" was read by Mrs. F. R. Burgess, who has developed the Gaylord Farm Sanatorium to great perfection. Miss M. A. Gallagher, of Boston, discussed the discharged sanatorium patient, a paper with important side-lights upon social conditions. Mrs. M. E. Hoffman, of White Haven, Pa., herself a cured patient, now a nurse,

wrote on the personal hygiene of the patient. Miss S. F. Robbins had a paper full of practical and useful information on day-camps. In the absence of Miss Frances Hostetter, her paper on the tuberculosis class in the Presbyterian Hospital in Philadelphia was read by title. Miss Edna L. Foley, of Boston, wrote on home teaching. Miss Ida Cannon, head-worker of the Social Service Department in the Massachusetts General Hospital gave a comprehensive paper on tuberculosis classes and social service work. The importance of nursing and supervision of advanced cases of tuberculosis was one of the clarion calls of the morning, read by Miss Fulmer, superintendent of the Chicago Visiting Nurses' Association. Miss Anne K. Sutton, superintendent of the Phipps' Institute Training School for Nurses, then gave an account of the training in tuberculosis nursing which is given to cured or improved patients who are adapted for this branch of work. The Institute gives these young women a certificate of competence to nurse just this one class of cases, and they never undertake general nursing. As employment in sanatoria opens to these young women means of self-support as well as providing the patients with sympathetic and specially trained attendants, general sympathy was felt for this branch of Mr Phipps' philanthropic work, though it is doubtful whether in justice to themselves they should be placed on private duty or indoor hospital work.

Mrs. Lupinsky, of Michigan, who had hoped to prepare a paper on the need of special training for tuberculosis nursing—a subject which she feels is highly important—was prevented by press of work from sending her paper. However, the fact that the technical side of nursing in tuberculosis has been developed to a highly specialized degree and that nurses with a general training only are therefore often quite at sea when first taken into sanitarium work or private duty, was made evident by some of the papers and discussions. On this point Mrs. Gretter of Detroit, in a written discussion, urged more thorough training in sociological knowledge. The subject of home occupations and its dangers was strikingly presented by Miss Mabel Jacques, of the Visiting Nurses' Association of Philadelphia, and the tuberculosis nurse as a social worker was described by Miss E. P. Upjohn, of Boston. "The True Function of the Tuberculosis Nurse," read by Miss Lent, superintendent of the Visiting Nurses' Association of Baltimore, closed the session, and excited general discussion. Other papers of great interest which came in too late to be read were one on "Tuberculosis in Rural North Carolina," by Miss Holman; "Tuberculosis among the Indians," by Miss Carter; "Tuberculosis in Japan," by Miss San, and one on the advanced case by Miss Cabaniss. There was an interesting account of the first

sanitarium in Italy, sent by Miss Amy Turton, of Florence, and a paper on "Instructions to Consumptives," by Sister Hertha Leibjschel, of Berlin.

Aside from the nurses' special session, several papers were read by nurses in other sessions of Section V. Miss Wald, of the Nurses' Settlement in New York, gave "The Social Significance and Educational Value of the Nurse in Tuberculosis Work." Mrs. Robb discussed "Woman's Responsibility for the Prevention of Tuberculosis," and Miss La Motte, of the Baltimore Visiting Nurses' Association, read a paper on the "Un-teachable Consumptive," which attracted a great deal of attention.

The exhibits of the congress were of wonderful interest. It is considered that on the whole the exhibit was the most comprehensive and most instructive that has ever been brought together, even although, by the bad management of our Customs Houses, the exhibits from several foreign countries were not even unpacked.

Of strictly nursing exhibits there were some very interesting examples of which the Baltimore and Philadelphia Visiting Nurse Associations were in the first rank. The Baltimore nurses concentrated their efforts on demonstrating the social problem of the unteachable and careless consumptive which was also so ably and frankly treated in their papers. A striking set of charts showed the extremely small number of those who were classed as adequately careful and therefore not a source of danger to their families, the slightly larger number of those who were fairly careful, the very large number of those who were careless and the number, still alarmingly large of those who were grossly careless and thus undoubtedly a great source of danger to their communities. The argument made by the Baltimore nurses for compulsory segregation was thus strongly supported. Very impressive also was their showing, out of three thousand patients that exactly one-half were on, and the other half below, the poverty line. Their charts also showed that a large proportion of the cases are found by the nurses themselves, namely 20 per cent., while 50 per cent. came from dispensaries and 9 per cent. from physicians.

The Philadelphia Visiting Nurses' Association showed an admirably arranged life-size exhibit of a room as found with a tuberculosis patient in the last stages in bed in the kitchen where his mother, a colored woman, was doing fine laundry work. The contrasting room showed what they succeeded in doing in this case. Their whole exhibit was most instructive as to the social problem. Miss Jacques was in charge of the exhibit, and her paper on "Home Occupations" was a valuable contribution.

The exhibit from Providence also showed a horribly life-like model of a dark, unwholesome bedroom with the same re-arranged. The Brooklyn Bureau of Charities had some interesting photographs of their nursing work showing many ingenious adaptations of porches, roofs and windows for the open-air treatment. The Boston nurses demonstrated their dispensary work.

The attempt to describe the exhibit as a whole would go far over our space, but I may note the photographs of the out-door workshops at Saranac where the patients work out of doors in midwinter at tables which are heated by hot water pipes. The model window tents and various contrivances for living out of doors were numerous and all had some points of interest, especially those from Colorado and the western states.

It must be regarded as a special feather in the nurse's cap that of the five women among the seventy men of the General Committee on Awards, one was a nurse, Miss La Motte. She was placed on a sub-committee for judging the laws of municipalities, states and nations in regard to the control and prevention of tuberculosis. Another interesting instance of the growth of popular interest in this subject was that Miss Mary Riddle, superintendent of the Newton Hospital, was sent to the congress by the town council of Newton Lower Falls, in order to study the subject and bring home information. Some eighty odd nurses registered at the special session and many of them were present throughout the whole week.

The district nurses of Washington gave a delightful reception, at their home, and the District of Columbia Association entertained all the visitors at an evening reception at Garfield Hospital. There we had the pleasure of meeting Miss Hasson, the newly appointed chief of nurses for the navy. Miss Hibbard was present at the earlier sessions of the congress, before her departure for Cuba. It was a disappointment that Mlle. Chaptal, who had been expected, was unable to leave Paris. Dr. Rist, one of the French physicians who came to our meetings in Paris, looked in at our special session for a moment.

The week was closed by a reception at the Johns Hopkins Hospital in Baltimore. Even without going to the medical sessions we had the opportunity of hearing the great Dr. Koch. He came twice to Dr. Devine's section, speaking on popular education and on the institute now being founded in Berlin and named in his honor.

ANTITUBERCULOSIS WORK IN THE PITTSBURGH PUBLIC SCHOOLS *

By BERTHA L. STARK, R.N.

THE value of public education in antituberculosis work can hardly be over-estimated since it is to an enlightened public we must look for the prevention and control of this dread malady. Much has been said and written on the best methods of this sort of education and the systematic campaigns carried on in some of our smaller cities, such as Yonkers, as well as in New York, Boston and Baltimore, are surely examples of the best methods and are most encouraging in their results.

While the educational work in Pittsburgh has never reached the degree of organization found in many other cities, it does have one feature which is absolutely unique and can be recommended as a very satisfactory means of education; that is, an attempt to give systematic instruction in the cause and prevention of tuberculosis to school children.

In Dr. Trudeau's address at the first national convention he advocates teaching the public school children the main facts relating to the transmission of tuberculosis, and hygienic measures of prevention. If many tuberculosis infections have their inception in childhood and remain latent until some period of lowered vitality, we can hardly teach children at too early an age hygienic measures of prevention.

Surely, if every school child in our city could be taught the simplest facts of preventive medicine, and urged to tell his parents why it is best to boil the drinking water, why certified milk, though more expensive, is cheaper in the long run, and why we have anti-spitting and disinfection laws, the public health would be benefited in proportion to the enthusiasm of the teaching. For too many years effective legislation with regard to municipal hygiene has been thwarted because the people ask not "how many lives will this law save?" but "how much money will it cost?" Teach the children that a pure water supply is cheap at any cost; that effective tenement house inspection will lower the death-rate; that municipal parks where the people of the crowded districts may breathe fresh air, are cheaper than municipal hospitals to care for the sick, and you have done much to teach the future lawmakers of the city that health is of more importance than money.

It is a difficult undertaking for an organization with absolutely no

* Read at the International Congress on Tuberculosis, Washington, D. C.

connection with the city's school system, and the Tuberculosis League of Pittsburgh has none, to introduce into the schools talks on a disease, and particularly such an objectionable disease as tuberculosis. In the first place it seems to be generally thought that a greater knowledge of this malady will create a greater fear of contracting it, a fear almost amounting to a phobia. What little reason there is for this fear is overcome by omitting all discussion of symptoms, and symptoms are in no way an essential topic in a talk on the cause and prevention of tuberculosis. Another difficulty encountered is the fact that any talk on the prevention of this disease must deal with the proper disposal of sputum, and this subject must be approached with the greatest care or the children become disgusted. Every school teacher knows that too vigorous denunciation of a habit often encourages it. To say to a child "don't spit on the sidewalk," and to be continually reiterating this command, is often the surest way of making him break it.

Even if these obstacles of presenting the subject were overcome there remained the greater one,—that of obtaining permission to enter the schools. Pittsburgh is divided into forty-three school districts and each district is governed by its own school board. There is a Central Board of Education, but it has little power over the individual districts. The Tuberculosis Hospital is not widely known in educational circles; the very idea of talking about tuberculosis in the school room is regarded with suspicion if not with disfavor by many of the boards; the idea that the children are already overburdened with subjects and can ill afford the time to listen to a health talk, has to be controverted; and many boards have to be met and convinced that we are not propagating a money-making scheme; that we are not advertising a patent medicine, and that we will not "waste" more than twenty or thirty minutes of the children's time. The boards, when they fully understand our project, however, are uniformly kind and considerate and help to further the work in many ways.

Our work in the public schools is divided into three parts: lectures, literature and exhibitions.

We have felt from the first that it could have little lasting value without the coöperation of the teachers. We may teach the child the value of fresh air and sunshine, may tell him of dust and its dangers, but unless the teacher emphatically sets the stamp of her approval on what has been said, it will do no good. With this idea in mind we have tried to meet all the teachers of a district at a teacher's meeting before giving any lectures in the school. It has seemed better to meet the teachers district by district rather than in the larger institute or grade

meetings, because where there are only fifteen or twenty present a general discussion often follows the lecture and there is much more freedom than in the larger assemblies. Then, too, members of the school board often attend the meeting and discuss our work and question of school hygiene.

We tell the teachers just what we are trying to do, go over the ground we expect to cover in our school lecture, and try to emphasize the value of fresh air and sunshine and the fact that a well-ventilated school room is the best object lesson of this value. We speak of the best ways to sweep and dust and the absolute necessity of damp sweeping and dusting in the school room. We mention the fact that the public school teacher often moulds the character of her pupil more than any other factor in his life, and that she can do much to teach the love of municipal cleanliness and the laws which make for it. The teachers are, as a rule, alive to the fact that a more general knowledge of preventive measures will do much to stamp out tuberculosis.

After meeting the teachers we talk to the children of the district. In the high schools the lectures were given at the General Assemblies where the number of pupils ranged from three hundred to one thousand, but aside from them, it seemed best to speak to the children in their school rooms. There is less confusion and greater freedom if each child is at his own desk, and the decided break in the day's routine tends to make the child remember what is said.

The subject matter of the lectures remains practically the same in all grades and they are given to all pupils above the third grade, but the manner of presenting the lectures differs in different grades and localities. One may speak quite plainly to a group of children from a mill district of the way infection may be spread by a careless consumptive, but in some of the residence districts the subject has to be approached more carefully. To introduce the matter too abruptly is often to antagonize the pupils and we have found that to designate the lecture "Preventive Medicine" rather than "Tuberculosis" gains closer attention.

An outline of a typical talk would be something as follows:

PREVENTIVE MEDICINE:

Examples.—Vaccination to prevent small-pox; boiling impure water to prevent typhoid.

TUBERCULOSIS:

A. Cause, tubercle bacillus.

1. Where found.
2. Portals of entry.
3. Predisposing factors.

B. Prevention.

Healthy bodies.

1. A simple rule of hygiene.
2. Necessity of a pure milk supply.
3. Disposal of sputum.
4. Enforcement of anti-spitting laws.
5. Disinfection of homes.
6. Best ways of sweeping and dusting.
7. Laws which make for a healthier city.
8. Dangers in the use of patent medicines.
9. Phthisiophobia—the harm it does.

In teaching we try to build on what the child already knows, and the value of the talks is greatly increased by the teachers keeping the children interested in the subject and by giving them the card-board folders with instructions to read them carefully and pass them on, and by urging them to repeat at home what they have learned.

The literature consists of two pamphlets, one the card-board folder published by the Tuberculosis Committee of the Charity Organization Society of New York, entitled "Don't give Consumption to Others, Don't let Others give Consumption to You." This has a list of the free dispensaries for treatment of tuberculosis in the city and many patients have been induced to enter dispensary classes through it. The other pamphlet is especially for teachers and is on the cause, prevention and cure of tuberculosis. It has on its inner cover a partial list of the sanatoria in Pennsylvania.

We have five travelling exhibits distributed among the schools. Each one consists of a collapsible wooden frame and easel, canvas to cover the frame, and two wooden boxes each holding twenty pictures. The pictures were chosen with the idea of showing, as graphically as possible, cause, prevention and cure of tuberculosis. Since each exhibit is changed weekly to another school the expense of having an expressman do the carrying would prove great and the one described obviates this. The frame and easel are taken apart and rolled up in the canvas, the whole making a compact bundle which one man can easily carry. The pictures are packed in the boxes and two of our hospital patients carry the exhibit from school to school and set it up.

We began the school work January 13, 1908, and finished June 6. During that time we covered twenty districts, speaking in about 250 rooms and reaching over 10,000 children. Aside from the regular school lectures about thirty others were given at teachers' meetings, church societies, clubs, etc. While the number of children reached seems comparatively small we feel that the work was more thoroughly done than is

possible in large assemblies. In several schools the principals have asked the children to write what they learned from the lectures and the results have been most encouraging. Not only do they have a fair understanding of the cause and prevention of tuberculosis but they often give concrete examples of the harm done by disregarding existing health laws.

If teaching preventive medicine could be made a permanent and prominent feature in the public school work throughout the country we might reasonably expect a diminution in the death-rate, not only of tuberculosis but typhoid and other preventable diseases. The work could be carried on in conjunction with medical inspection which must eventually find its way into all our city schools. The nurse who gives the instructions (and it seems that a nurse is peculiarly fitted for this work) could receive from the doctors, if medical inspection exists, or from the teacher, a list of the children who are suspected of tuberculosis and are not under the care of a regular physician, and lists of those exposed to infection. These cases should be investigated and sent to some regular tuberculosis dispensary for examination and, if tuberculous, come under the care and supervision of a regular visiting tuberculosis nurse. Much could be accomplished by meeting the various school boards, if the school system is like that of Pittsburgh, and discussing questions of school hygiene with them. There is always need for reform along this line and sometimes a brief explanation of the value of damp sweeping and dusting will cause its instalment. Abolition of the common drinking cup is not so easily obtained, but it has been accomplished in several districts. Periodical as well as special disinfection of school rooms can be urged and the ever present question of ventilation discussed. Immediate results cannot be expected, but that results will show in ten or fifteen years we feel reasonably certain.



THE LOCAL USE OF MAGNESIUM SULPHATE IN THE TREATMENT OF ERYSIPELAS, WITH REPORT OF CASES.—The *Therapeutic Gazette* states that with this treatment, the pain and discomfort are relieved in a few hours, the temperature falls to normal rapidly, usually within the first twenty-four hours, and the patient recovers in from two to seven days. The method of application is as follows: A saturated solution of magnesium sulphate is applied on a mask consisting of fifteen to twenty pieces of ordinary gauze; this is covered by some non-absorbent material and kept wet as often as necessary. No other treatment is necessary. The report is based on observations upon thirty-five cases.

HER FIRST CASE

By JEANNETTE M. GARDNER

Graduate of Christ Hospital, Jersey City, N. J.

I WAS only sixteen at the time, a country girl on a large farm. Our nearest neighbor, an old lady, had just come home from the shore, having staid rather late that year, helping to close the cottage. In the cleaning process she had taken cold. The doctor ordered a nurse, as she was a trifle delirious at times.

Domestic nurses were the only kind we knew of in that part of the country in those days. Frequently our nurses were kindly neighbors who helped tide us over the critical times. When the nurse arrived (how well I remember her, she being our seamstress), the patient did not like her, and after a day's stay she was taken home in disgust. I, in my ignorance was pressed into service.

At eleven o'clock at night the patient ordered a hot bath for herself. Every one was in bed, but I set about getting it ready, started a wood fire in the kitchen stove, put the water on in kettles, pots and wash-boiler, put bricks in the oven, and started up the sitting-room fire; my patient's room and the sitting-room joined. I brought two laundry tubs (wash-tubs we called them) into the sitting-room, and placed a narrow board across one tub on which my patient was to sit. Then I half filled each tub with hot water. The patient sat on the board with her feet in the second tub. All about the tubs and patient were draped homespun blankets and patch-work quilts. When she had steamed thoroughly, I scrubbed her all over with a stiff nail-brush. Then I rolled her in a sheet, stretched her on the floor on a bear-skin rug, and patted and pinched and kneaded until I was fearful of results, this form of treatment being unheard of among us. All this while the bricks were heating the bed. The patient then took a copious drink of hot water, went to bed, and slept like an infant until 6 A.M.

The patient directed the whole thing, and I always call it my first lesson in nursing, as she gave a why and wherefore for each step taken. It was because the first nurse refused to give this bath that she had been sent home. The next day the doctor told me nursing should be my vocation as I knew how to humor whims.

In time I trained and properly fitted myself for the work, but I look back on that, my first case, with great pleasure and reverence. I was with that dear soul three months and in many ways she laid a firmer

foundation than she knew. Recently she had my baby sister care for her (it being her first case, too) and now the dear one has passed to the Great Beyond at the ripe age of eighty-three.

SOME POINTS IN THE NURSING OF A FRACTURED FEMUR IN THE HOME

BY MARION G. PARSONS

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THE care of a case of fracture of the femur falls naturally into two divisions: first, the surgical care, which includes diagnosis, reduction of the fracture, and selection and application of suitable apparatus for keeping the ends of the bone in position; second, the nursing care, which includes keeping the apparatus properly adjusted and promoting the patient's health and comfort in every way so that repair may be uninterrupted and that no complications may arise. The first belongs entirely to the surgeon, the second to the nurse.

To perform the nurse's part successfully she must keep in mind the anatomical condition which exists. When the femur is broken there is a marked tendency of the fragments to slip by or to override each other, due to spasmodic contraction of the powerful thigh muscles. In the treatment of the case the object is to bring the separated ends into apposition and to maintain this position by apparatus strong enough to antagonize the muscular contraction and to keep the limb quiet until union takes place.

Buck's extension apparatus is most frequently used for this purpose. It consists essentially of weights attached to a cord which runs over a pulley and is fastened to the leg by strips of adhesive plaster extending from just above the ankle to the point of fracture. In addition, a T-splint to immobilize the leg and body of the patient, and coaptation splints to immobilize the ends of the fractured bone are used. For old patients, who cannot endure the prolonged confinement in one position, a T-splint to secure fixation without extension or, in extreme cases, sand bags alone may be used. A patient may be very uncomfortable during the first few days from the constrained position and from the strain of the extension, there may be extreme restlessness, pain, and a rise in temperature. The friends are usually much distressed by these symptoms and should be reassured by the nurse, as in a few days the patient becomes accustomed to his condition and all goes

well, except in some cases where the patient is old and feeble. It is not uncommon for old patients to die in a few days from shock or to lie for weeks or months and die from kidney or lung complications, or exhaustion and septicæmia from bed-sores.

If Buck's extension is used it must be kept properly adjusted by the nurse; the sole of the foot must not rest against the foot of the bed because of loss of extension; the T-splint must not become loose and slip up or down or twist to one side; the straps holding the coaptation splints must be kept tight. It should be borne in mind that any displacement of the apparatus for holding the leg will allow corresponding displacement of the fragments of bone and cause delayed union and shortening of the limb. Whatever apparatus is used, the nurse should fully understand what it is meant to accomplish, that she may keep it working properly.

A proper bed is very important. It should be, preferably, of white enamelled iron, three feet wide and standing two feet from the floor, and should have a good firm mattress. If Buck's extension apparatus is used a bed without a solid foot-board will be necessary. The nurse should insist on a bed of this description if one can possibly be obtained; one may sometimes be found in a child's or a servant's room; if not, or if the matter has been settled before her arrival, she will have to make the best of what is to be used. The foot of the bed is elevated about eight or ten inches on blocks, and but one thin pillow is ordinarily allowed. A board a foot wide and long enough to reach across the bed should be slipped beneath the mattress under the patient's hips to prevent sagging of the hips and displacement of the broken ends of the bone. To keep the weight of the bedclothes from the patient's feet a support will be needed. A cradle may be bought at surgical supply houses or one may be improvised from barrel hoops cut in two and nailed to two parallel strips of wood twenty inches long. The cradle should be about eighteen inches high in the centre and wide enough to cover both feet.

The bed should stand near but not facing a light, as strong light striking directly on the eyes is very trying and makes reading, one of the few things these patients can do, difficult.

The bed should be made up with an under sheet, a rubber sheet a yard wide and, for a three foot bed, one and three-quarters yards long, a draw sheet long enough to tuck in well under the sides of the mattress. It should be doubled unless made of a very heavy twilled cotton, as close contact with the rubber sheet increases perspiration and favors the development of bed-sores. If a rubber sheet cannot be procured, "stork sheeting," table oil-cloth or even several layers of newspaper may

be used, but are much inferior. The outer bed coverings may be whatever the season and the patient's habits demand.

In making the bed, the under sheet need not be removed oftener than once in three or four days, as removal necessitates more moving of the patient than does changing of the draw sheet only, and all unnecessary moving is to be avoided, this being the only exception to the hospital rule that *all* linen must be removed from the bed when it is to be made up. Each day the sheet should be loosened all around, crumbs of food, epithelial scales, etc., brushed out with a whisk broom, the sheet drawn smooth and even and tucked in tightly all around. The practice of pinning sheets to the mattress is not a good one as it is almost certain to tear the linen and it is unnecessary if the sheets are large enough to be tucked in.

The draw sheet should be changed morning and night, at least. An absolutely fresh one is not needed each time but two may be kept for use alternately, day and night. Extra washing is the cause of much trouble in most families so the nurse should be economical in the use of linen but *not* at the expense of the patient's welfare. In families where help is limited it is not very much trouble for the nurse herself to wash out a draw sheet which need not be ironed if it is carefully folded, for it is the clean, dry surface that is important for comfort and to preserve the health of the skin.

Changing the bed linen is rather difficult because the patient cannot turn on the side and must be moved no more than is absolutely necessary for proper care of the skin. The only motion permitted the patient is a combination of turning slightly to the injured side while raising the sound side. Sometimes a "Bradford frame" is used and is very helpful, especially for heavy patients. It consists of a rectangular frame of iron piping made six inches longer than the patient's height and wide enough to clear the shoulders. It is covered with a casing of heavy canvas at each end with about eight inches span between the two, in the centre. This space is covered by a piece of canvas eight inches wide and long enough to reach across the frame; one end is fastened securely to the side of the frame and the other end attached to the opposite side of the frame by strong tapes or safety pins; this end is freed and turned back when the bedpan is to be used. The canvas is entirely covered by folded sheets. The patient lies on this frame and is raised up, frame and all, when the bed is made or the bedpan given.

When changing the linen, if the Bradford frame is not used, begin on the patient's well side, loosen all sheets and push them up close to the body. Open the fresh under sheet and plait it lengthwise, tuck it in on

the side nearest you and at the head and foot as far as you can reach, for if the sheets are placed on the bed evenly and well tucked in, there will be no wrinkles and they will not work loose. Fold together the freed edge of the soiled under sheet and the free edge of the draw one and press these edges as far under the body of the patient as you can, draw the rubber sheet back over the partly arranged under sheet and tuck it in well. Tuck in a clean draw sheet over the rubber sheet and arrange it with the soiled one in the same way as the under sheet was done. Now go to the other side of the bed and pull both draw and under sheet through beneath the patient, pull the rubber sheet smooth and draw all very tight and tuck in.

Bed gowns should be open in the back both for convenience in changing and because it is impossible to prevent wrinkles with any other kind. If the patient's gowns are of fine material it may be better to buy cheap ones for temporary use and open them down the back. If those the patient is accustomed to wearing are made with a yoke, they can be split up the centre of the back *as far as the yoke* and the torn edges hemmed by hand. Then the yoke can be easily slipped over the head. When the patient is convalescent the hems may be ripped out and the edges joined in a flat seam, leaving the gown still useful. In cold weather a small, old blanket is useful to wrap about the legs and feet, as the bedclothes not being in contact with the flesh, the patient feels the cold.

The greatest care must be exercised in the use of heaters, as in the early days after injury the circulation is interfered with and the foot may be numb, so a serious burn might be given before the patient would feel it. The safest way is to test the temperature of the water used for filling the heater with a thermometer; 120° F. is quite hot enough and the heater should be covered with thick flannel.

A patient's diet may be whatever is suited to his age and general condition. In a fracture case we have a patient often in his usual state of health, only crippled, not one whose digestive powers have been weakened by disease of the organs themselves or other exhausting illness, and there is no great waste of tissue to be repaired except in the case of a suppurating wound or extensive bed-sores. A young child may have its usual diet; an adult in good health may have anything he likes, in moderate amounts.

Very rich and indigestible articles, as well as excessive amounts, are better avoided. A patient who had been accustomed to a great deal of out-of-door exercise would not need nor could he digest when confined

to a bed the amount of fats and proteids he would need when engaged in his usual pursuits.

Aged patients should be fed with great care and only articles that are light, nutritious, and easily digested be given; eggs, milk, toast, cereals, stewed fruits, broths, oysters, etc. Chicken may be given, but other meats very sparingly.

It is very difficult for a patient to feed himself when lying on his back but he may prefer doing so if he can possibly manage it. If the nurse is to feed him she should avoid either a hurrying way or a mincing way of doing it; of the two, the latter is perhaps the more exasperating, especially to a nervous patient. If the patient is to feed himself the most convenient way is to have a bedside table which can be swung over the bed and adjusted to the desired height, or a wooden tray with legs about eight inches high so that it can be set on the bed across the patient's body, or, lacking this, an ordinary tray may be supported by blocks or books placed at each side of the patient. Whatever sort of table or tray is used, it should be covered with a neat tray cloth and the food served one course at a time from the tray on which it is brought to the room. Liquids may be taken through a bent glass tube.

Constipation must be prevented; if there is a tendency toward it, it is better avoided by daily small doses of a laxative rather than by the occasional use of a purgative. Cascara gr. x. may be given at night, or Hunyadi's water ℥iv or Carlsbad salt ℥i in a glass of hot water, before breakfast. In all cases begin with a small dose and increase, if necessary, until the dose is found which will produce one good evacuation daily. If these measures are not sufficient to move the bowels, an enema of soapsuds Oi and glycerin ℥ii may be given every other day.

If the rectum becomes impacted with hardened feces it may be necessary to unload it by mechanical means: give a low enema of warm sweet oil ℥iv two hours before starting the operation. Put on a rubber glove, or, if this cannot be had, fill all crevices about the finger-nails with hard soap and insert the finger, previously well oiled, into the rectum and remove the accumulation. The utmost gentleness must be used in this procedure or a painful fissure in ano may result.

Encourage the patient to drink water freely that waste may be eliminated and irritation of the bladder or urethra from concentrated urine may be prevented. If there is frequent voiding of small amounts of urine or a constant dribbling, retention with overflow should be suspected and the catheter inserted to see whether or not the bladder is really emptied. The catheter should always be boiled and the parts

very carefully cleansed with boric acid solution to prevent infection of the bladder.

Baths should be frequent; there are few patients who would not be the better for a daily bath. It is not practical to envelop these patients in a blanket before giving a full bath but pieces of old blanket or bath towels may be slipped beneath each part as it is washed, to protect the bed. The back and genitals should be washed with soap and water, carefully dried and powdered with talc powder when the morning and evening toilet is made. The vulva and nates should be washed or douched off with warm water and dried after each urination or movement of the bowels. A small piece of rubber or "stork sheeting" covered with a towel and slipped beneath the buttocks when the bedpan is given will save the draw sheet a great deal.

Sometimes the skin on the legs, and on the soles of the feet, especially, becomes dry and scaly, and may be the source of much discomfort to the patient. To relieve this, a little cold cream or vaseline may be rubbed into the skin some hours before the bath is given. If the feet have been long neglected it may even be necessary to apply a light flax-seed poultice to the soles for a day or two to soften the horny layers; then apply an unguent until the scales are removed and the skin is soft and smooth.

The injured leg should be examined daily for signs of irritation from pressure of any part of the apparatus. This may be around the ankle or lower leg from the adhesive plaster strips, over the tendo Achillis from the end of the posterior splint, around the thigh from the bandage cutting into the flesh or from slipping of the coaptation splints, or under the axilla from the T-splint working up too high. A slight readjustment of the splint, a small pad of sheet wadding, or cutting the bandage a little will often relieve this; if it does not, the surgeon's attention must be called to it.

Bed-sores are a constant menace in the care of these patients; in no condition except paralysis are they so likely to come or so difficult to cure, yet they can nearly always be prevented if proper care is taken *from the first*, and their prevention is one of the most important duties of the nurse. They are due to interference with the local circulation by prolonged pressure, accompanied by softening and excoriation of the skin from the moisture of perspiration or discharges from the bladder and rectum, or to the irritation from crumbs of food in the bed, or wrinkles in the surface on which the patient lies. They are most likely to come over the sacrum, on the heels and on the buttocks, but may appear in any place where there is prolonged pressure or irritation.

To prevent bed-sores three things should be worked for *from the first*: relief from pressure, absolute cleanliness, and hardening of the skin. As the patient cannot be turned the first must be secured by the use of rubber air rings and cushions, cotton rings, and small pads. The second is secured by frequent bathing and changes of linen, and the last by rubbing the exposed parts of the body, especially the back, with alcohol of about 60 per cent. strength after each washing, and oftener if the skin is very tender. Some patients with thin dry skins do better if an unguent like vaseline or zinc oxide ointment is rubbed in after the alcohol has been applied. Massage is always useful as it promotes the circulation.

Sometimes patients complain that the air ring hurts them; usually this is because it is filled too full of air. If some is allowed to escape they will find it quite comfortable. But even if it is not very comfortable they should be encouraged to use it for a little while at a time at short intervals, as it is the only means we have for really relieving pressure over the end of the spine. A rubber water bottle may be filled with water or air to make a cushion and cotton batting may be made into rings and covered with cotton to slip under the heels.

When there is incontinence of urine or fæces, the parts must be washed with soap and water after each involuntary evacuation and boric ointment or zinc oxide ointment rubbed into the skin. When there is a constant dribbling, small parts of a cheap quality of absorbent cotton, or cotton and oakum may be placed between the thighs to absorb the moisture.

The existence of bed-sores should always be reported to the surgeon who usually will order the treatment, but if it is left to the nurse, she may use the following: When the skin only is broken the excoriated surface may be cleansed with a warm boric acid solution, 4 per cent., and boric ointment applied on a soft cloth covered with sheet wadding and held in place by a T-bandage if it is on the back, or an ordinary cotton bandage if on the heel. For convenience, the free end of the T-bandage may be split and the two ends pinned to the waistband like perineal straps. If there is suppuration or sloughing of the tissues beneath the skin the cavity may be cleansed with a small amount of peroxide of hydrogen followed by the boric acid solution and a hot boric acid dressing applied every three hours until the wound is clean; then it may be dressed with camphorated oil, eucalyptus vaseline, or balsam of pine, until the cavity is filled up with granulation tissue. After that time the wound may be dusted lightly with aristol and a dry dressing applied. After granulations have begun to form do not use gauze next

the wound as its removal tears off the young granulations and greatly delays healing; whatever dressing is used should be applied on old, soft cotton or linen.

Recovery is slow in these cases; six weeks is the average time required for union to take place in an adult and this convalescence may be prolonged for months. Crutches will have to be used for weeks after union is completed.

How much shall a nurse do for the entertainment of the patient during this time and what shall she do? That is a matter each one may decide for herself; it depends mostly on the patient, and tact and good judgment are needed.

A patient with a fracture is usually in full possession of his mental powers and may find the time go by very slowly unless some fresh interest is brought into his days, and discontent and restlessness may do much to delay convalescence. But others would rather be left alone after the necessary things are done, preferring their own thought to anyone's conversation, and the nurse should avoid officiousness.

Reading aloud is usually enjoyed, and it is better to keep a book or something with a sustained interest so that there will be something to look forward to, though short stories or magazine articles be read between-whiles. The nurse should study the patient's tastes and moods, be ready to be interested in whatever interests him, or to efface herself if he wishes to be quiet. She must not let the conversation degenerate into an exchange of petty personalities or tell hospital experiences, for it is on such cases as this that the temptation to both is the strongest. She should make a determined effort to interest herself in outside things that she may have other and more appropriate subjects for conversation.

The nurse should not make the mistake of spending all of her time in the sick room unless serious illness makes her presence absolutely necessary; both patient and nurse are the better for being relieved of each other's presence a part of the time, and she should make a point of seeing and remembering things of interest to tell the patient when they are together; a play or a concert, a picture, a well-arranged window display, even a pretty gown or a new kind of tea cake. "The world is so full of a number of things" that the fault is likely to be in herself if she cannot find something of interest among them, and one should cultivate the art of telling interestingly what she has seen.

NURSING OF THE INSANE A PART OF A THREE YEARS' COURSE *

By MARY E. MAY, R.N.

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If all general hospitals having a three years' course would supplement instruction in the theory of mental nursing by arrangements for their student nurses to spend three months, during the last year and a half of their training, in a hospital for the insane in the wards of the acute and infirmary services, it seems to the writer that the benefit accruing to all concerned would amply repay the labor which such an arrangement would necessarily entail.

Some time in the first year and a half of their course, lectures should be given in the general hospital by an alienist, who is regularly lecturing to nurses in training in a hospital for the insane. Quizzes could be held and papers could be examined by the regular teaching staff of the general hospital.

During the three months' service on the wards of a hospital for the insane, the nurses would become familiar with the most advanced methods in the nursing of the different psychoses and their etiology. This knowledge would help them to recognize conditions outside the hospitals which, if continued, might lead to serious, nervous breakdown.

Frequently general hospital graduates are called upon to nurse borderland cases in private homes and, with an experience gained by actually having cared for insane patients, this responsibility could be assumed with greater confidence on the part of the nurse and of the physician employing her.

Medical colleges are paying more attention now than formerly to instructing their students in nervous and mental diseases, and physicians will expect nurses to know more about this special branch of nursing than they can possibly know without having actually worked among the insane.

Graduates of general hospitals are sometimes sought for executive and teaching positions in hospitals for the insane and if experience in the wards of such hospitals has been a part of their training, it will be

* Read at the eleventh annual convention of the Nurses' Associated Alumnae, San Francisco, May, 1908.

much easier for them to take up their work. Such experience would be particularly valuable in any alcoholic, drug or toxic case.

An article in "Charities and the Commons" for March 7, 1908, says of the state institutions in Illinois, "Training schools for nurses and attendants have been established, superintendents of nurses in charge of both men and women patients have been appointed, a system of affiliation with general hospitals has been inaugurated whereby the general hospitals will put mental nursing into their courses as an optional study, and training will be given to under-graduate nurses from the general hospital training schools in the state institutions."

It seems to the writer that unless practical nursing of the insane be made an obligatory part of the general hospital course, few, if any, nurses will elect it, probably thinking that work among the insane would be entirely out of their ordinary routine in both student and graduate days.

Another good that might come from such an arrangement is that the vacancies caused in the student nursing service of the general hospitals could be filled by nurses from the hospitals for the insane, who could thereby increase their experience in surgical and obstetrical nursing.

In New York State, all appointments in the state hospital service are made according to civil service rules, and arrangements for the interchange of nurses would have to be made with the Civil Service Commission wherever such rules obtain. This administrative detail could be thought out and arranged by the local municipal, county or state boards for each hospital community.

A broad discussion of this subject by all interested in comprehensive care of the sick and incapacitated would doubtless open up avenues for the consummation of twentieth century ideals in nursing.



THAT contagion may come, not merely on the wings of the wind, but in a cup of cold water or of milk, in the caress of affection, on the hand of pity stretched out to save, upon the penitential garment, or even upon the sacramental communion cup or the broken bread—these ideas, dimly dreamed of in the past, are among the very corner-stones of sanitary knowledge to-day.—WILLIAM T. SEDGWICK in *Yale Medical Journal*.

HOUSEKEEPING FOR TWO

By ANNA B. HAMMAN

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(Continued from page 26)

IN the chilly fall days, a warm, comforting dish for luncheon or supper makes an appeal to our appetites. There's much comfort in a dish of split peas, if properly cooked. They may be made into a delicious cream soup, or they may be baked with some slices of bacon, taking the place of baked beans and pork. They are more quickly prepared than beans and for many people much more easily digested. The yellow split peas are the best, unless you happen to want a green soup some time for the sake of harmony in color, when the green split peas may be used. Either sort can be bought in bulk or in packages for five or six cents a pound, and one obtains a large amount of nutriment for the few cents expended.

Split Pea Soup. One quart cold water, one-half cup split peas, one tablespoon butter, one tablespoon flour, one cup milk, one slice onion, salt, white pepper. Look over the peas, wash and put over to cook in the cold water. Bring slowly to the boiling-point and cook gently until tender enough to mash easily through a sieve. They should cook about two hours and should be so soft that they are not at all grainy when mashed. Melt the butter, add the flour and stir into the hot mashed peas. Then stir in the milk, having first scalded it with the onion. Bring the soup to the boiling-point, and if you have it, add a half-cup of cream. The soup should be perfectly smooth and about the consistency of rich, thick cream. Add salt and pepper and strain into serving dishes. Crutons are especially good with this soup. This dish is almost a meal by itself and should not be served with other hearty dishes. Add a salad with bread and butter, and you have a sufficiently substantial meal for luncheon or supper.

Split Peas and Bacon. For this dish the peas should be cooked until tender, but not so much that they will lose their shape. One cup of peas to one pint of water will give sufficient moisture. Add one-quarter teaspoon of salt, and cook until the water is nearly all absorbed, taking care that the peas do not scorch. When they are done, put them in a baking-dish, cover the top with some very thin strips of bacon and cook in the oven until the bacon is crisp.

An oyster stew or a dish of scalloped oysters is another cheering

dish for cold fall nights. For the oyster stew get a dozen count oysters or a half pint in bulk. In either case get them, if possible, where you can see them opened, to be sure they are fresh. Stale oysters are disappointing, even if they have not reached the danger point. Look over the oysters for any bits of shell that may cling to them. Put them in a strainer and pour over them one-quarter cup of cold water, allowing it to drain into the oyster liquor. Bring the liquor and water to the boiling-point, strain, add the oysters and cook until the edges curl. Put butter in a hot dish, add half teaspoon salt, a little pepper, pour over it one cup of hot milk, add oysters and liquor and serve.

Scalloped Oysters. One dozen count oysters or half pint oysters in bulk, half cup stale bread crumbs, half cup cracker crumbs, four tablespoons melted butter, two tablespoons oyster liquor, one tablespoon milk, salt, pepper. Look over oysters and rinse with cold water. Mix the bread crumbs, cracker crumbs and melted butter. In a buttered baking dish put a layer of crumbs, then a layer of oysters and sprinkle with salt and pepper. Add a layer of crumbs, then another layer of oysters and seasoning. Pour over the oyster liquor and milk and put a final layer of crumbs on top. Bake in a moderate oven from twenty to thirty minutes, or until crumbs are nicely browned.

The holidays are coming, and while the family of two may not indulge in a turkey, a roast chicken is possible, and there should be a guest or two to help eat it, on Thanksgiving Day anyway, no matter how small the establishment may be.

A chicken weighing three pounds will be satisfactory. It should be yellow and firm of flesh, not bluish and flabby and moist. The latter characteristics belong to cold storage chickens. Try the end of the breast bone. If it bends, showing that the cartilage has not yet changed to bone, the chicken is young enough to be good roasted. Have the chicken drawn and the crop taken out at the market. Put the hand into the body cavity and loosen all the membranes holding the internal organs in place. Then, by taking hold of the gizzard, the heart and liver will come out with it. Another search must be made for the lungs, which can be loosened with the forefinger, and the kidneys, which lie on either side the backbone, should also be taken out. The lungs and kidneys are usually discarded. The gizzard, heart and liver may be cleaned, trimmed and simmered until tender, then chopped and added to the gravy. The gall-bladder, a little greenish bag, lies close to the liver, and must be carefully cut out without breaking. It is usually necessary to cut away a portion of the liver to get the gall bag out safely. Cut off the feet, push back the skin at the neck, and with a strong knife cut

off the neck rather close to the body. Take out the pin feathers, singe the chicken and wash thoroughly inside and out with a damp cloth and wipe dry. Fill the opening at the neck, where the crop was taken out, and the body cavity with stuffing. Sew up, tie the wings and legs close to the body, or fasten with a skewer. Brush the chicken with melted butter, sprinkle with salt and put in a pan. Bake in a hot oven until nicely browned, lower heat and baste frequently with hot water and butter, one tablespoon butter in one-half cup water. A young three-pound chicken will bake in an hour. Do not let the oven get hot enough to smoke at any time during the baking.

Chicken Stuffing. Two cups stale bread crumbs, half cup butter, salt, pepper, sage or poultry seasoning and hot water. Melt butter, stir in crumbs and seasonings. Add just enough water to make crumbs moist, but not wet.

Gravy. After taking up the chicken, add to the drippings in the pan one and a half tablespoons flour, stir until blended and cook three minutes. To the liquor from the giblets add enough water to make one cup of liquid. Add this to the drippings and flour, stir until it boils. Season and strain if not perfectly smooth, and add chopped giblets.

Cranberry Jelly. Two cups of cranberries, one cup sugar, half cup water. Look over and wash cranberries, put into a saucepan with water. Cook until tender enough to press through a sieve, leaving only skins behind. Add sugar, cook five minutes, turn into mold or serving dish.

If Thanksgiving Day is not complete without pumpkin pie, there is no reason why you should not have one if you have an oven. There are golden little "pie pumpkins," not much larger than a fair-sized muskmelon, the sight of which is enough to make one resolve to go home and have a pie.

Pumpkin Pie. Cut the pumpkin in halves, take out seeds and stringy portion. Cut in pieces, pare and put in a strainer over hot water, cover and cook until tender. Press through strainer. To each cup of pumpkin add one egg slightly beaten and one cup of milk. Season to taste with sugar, cinnamon, ginger and nutmeg. Line a pie tin with the paste, fill with pumpkin mixture and bake in a quick oven at first, lowering heat after rim of pie is set. Bake until nicely browned on top.

Pie Crust. Three-quarters cup of flour, two tablespoons butter, two tablespoons lard, one-quarter teaspoon salt, cold water. Mix and sift flour and salt, chop in the butter and lard with a knife, or work

them in lightly with the tips of the fingers. Add just enough very cold water to hold flour together in a ball. Pat out very thin with a knife and fit into pie tin, trimming off edges.

With a chicken, cranberry sauce, a vegetable, a bit of celery and pumpkin pie, one need sigh for no larger or better Thanksgiving dinner. And you may be sure that your appreciation of each dish will be better than if the number were multiplied. If the pie is beyond your resources or ambition, have apples and a dish of nuts and stem raisins to finish the meal.



THE *Boston Transcript* quotes Sydney Smith's advice concerning low spirits:

"First, live as well as you dare. Second, go into a shower bath with a small quantity of water at a temperature low enough to give you a slight sensation of cold, 75 or 80 degrees. Third, amusing books. Fourth, short views of human life—not further than dinner or tea. Fifth, be as busy as you can. Sixth, see as much as you can of those friends who respect and like you. Seventh, and of those acquaintances who amuse you. Eighth, make no secret of low spirits to your friends, but talk of them freely—they are always worse for dignified concealment. Ninth, attend to the effects tea and coffee produce upon you. Tenth, compare your lot with that of other people. Eleventh, don't expect too much from human life—a sorry business at the best. Twelfth, avoid poetry, dramatic representations (except comedy), music, serious novels, melancholy, sentimental people, and everything likely to excite feeling or emotion not ending in active benevolence. Thirteenth, do good and endeavor to please everybody of every degree. Fourteenth, be as much as you can in the open air without fatigue. Fifteenth, make the room where you commonly sit gay and pleasant. Sixteenth, struggle by little and little against idleness. Seventeenth, don't be too severe upon yourself, or underrate yourself, but do yourself justice. Eighteenth, keep good blazing fires. Nineteenth, be firm and constant in the exercise of rational religion."

NURSING IN MISSION STATIONS



THE MEDICAL MISSIONARY ASSOCIATION OF TURKEY

By ALICE C. BEWER

Graduate of the Methodist Episcopal Hospital, Philadelphia; Missionary Nurse,
American Hospital, Aintab, Turkey, Asia

For the first time in the history of missions of Turkey, possibly of the whole world, medical men and women engaged in missionary work came together to discuss the problems they were facing. The first conference of the "Medical Missionary Association of Turkey" was held at Aintab, Turkey in Asia, July 12-19, 1908.

The different members of the conference arrived on Saturday, several having made a journey on horseback lasting more than ten days. There were representatives from Erzroum, Harpoot, Diabekir, Sivas, Cesarea, Marash, Aintab, Aleppo, Beirût, Tiberias, and Deir Atiye near Damascus. From the missions not represented personally, came greetings and reports; among these were Van, Marsovan, Mardin, Urfa, Adana, and Constantinople. Everybody who came seemed to be filled with a desire to get the things most worth while out of this gathering for themselves personally, as well as for raising the standard of their profession.

The sessions of the conference were most helpful and a true source of inspiration, not only professionally but spiritually.

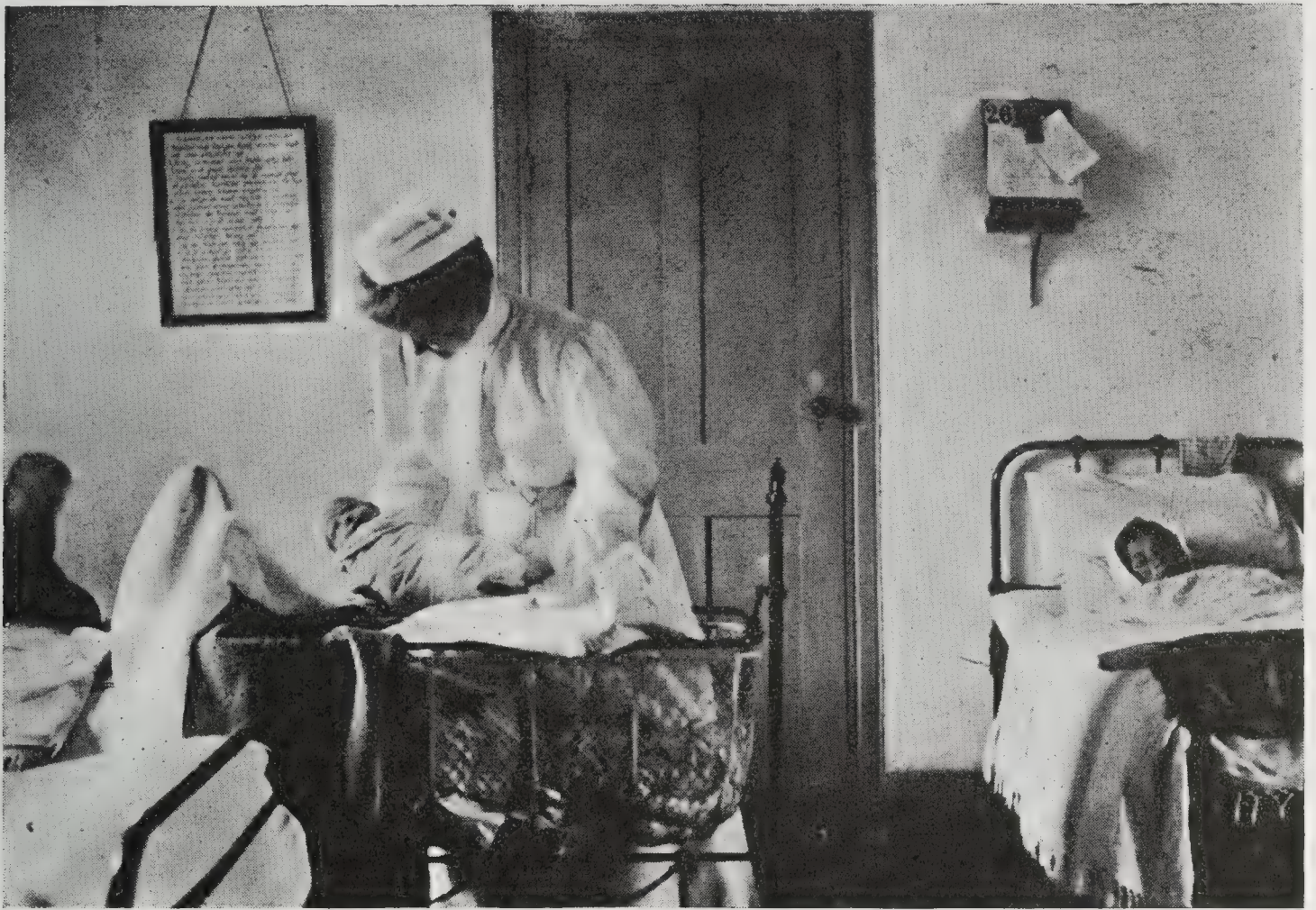
On Sunday evening the conference was opened with a praise service, and morning and afternoon sessions throughout the week were preceded by a short devotional service, led by the different members of the conference.

Monday, after organization, was devoted to hearing the reports from the different mission stations.

Tuesday was surgical day and after several operations at the Hospital, papers on surgical subjects were read and discussed.

Dr. Dodd, of Cesarea, gave a most interesting account of his visit to the Mayo Brothers, at Rochester, Minnesota, while in America last year.

Dr. Ward, who opens a new work in Diabekir this year, presented a paper on the "Etiology of Appendicitis." Dr. Torrance of Tiberias



WOMAN'S WARD.



TWO ARMENIAN MEN AND FOUR TURKISH WOMEN.

read a paper on "Hernia" and Dr. Adams, of Beirût Syrian Protestant College, read a paper, prepared by Dr. Post of that institution, on the H. M. C. anæsthetic.

Wednesday was given up largely to association business, and on Thursday, after several operations, a medical clinic was conducted in the out-patient department of Aintab Hospital.

Friday was "Missionary Day" and the whole day was given up to considering the evangelistic side in connection with the medical work. Reports of the different ways and means of bringing men and women to Christ, were given by all the missions and stations represented and led to a most helpful interchange of ideas.

On Saturday, Dr. Hamilton, of Aintab, presented a paper on "Eclampsia" and Dr. Adams one on "Gleanings From One Thousand Skin Cases." There was also a paper on "X-ray" by Mr. St. John of Beirût and Dr. Shepard's, Aintab, "Lessons from Failures" were most helpful.

The closing session was a communion service on Sunday morning and a number of the doctors spoke at meetings of Christian Endeavorers and at the regular church and also the hospital services.

The social side of the gathering was not neglected and there were moonlight rides for those who enjoyed horseback riding, tennis and chess tournaments, a musicale and a picnic, all of which were entered into very heartily and were consequently successful.

The nurses present at the conference were voted in as full members with a right to vote.

Miss North, of Cesarea, gave a report of splendid work done with and for the nurses in their hospital. A movement was also set on foot to start an "Assóciation of Trained Nurses" to be affiliated with the "Medical Missionary Association of Turkey" and open to all hospital trained nurses, holding diplomas or certificates (the latter is in deference to the European nurses, who do not get diplomas), engaged in missionary work. The aim of this proposed association is to work for the establishment of training schools, and for uniform standards in these schools, as well as mutual helpfulness, friendship and fellowship. One hospital in the interior reports a school in working order and another is doing fine work at Beirût.

We look forward to much help from the association, when once established, to work unitedly in winning a place for the nursing profession in this country where it has taken our predecessors and fellow workers years of toil and patience to bring it from absolute disfavor to the place it now occupies.

The accompanying pictures of Aintab Hospital will show how some of the people look for whom we work.

ITEMS

FROM a report by Dr. Peill, of T'sang-chow, in the *China Medical Missionary Journal*:

"Gradually the conviction comes home to one that 'medical missionary' and 'medical man' are far from synonymous terms. In some real sense every man one meets is a 'patient.' Each one of the uncounted thousands with whom one is brought into some sort of contact during the year is better, or worse, for the glimpse so gained of a professed representative of the Master. And to each of those burdened, sin-stricken hearts there ought to have come some haunting, sweet suggestion of the presence of that Master Himself to set him athirst for more. That word 'missionary' implies all this, and our 'patients,' reckoned thus, are beyond the utmost reach of mere statistics.

"At times the wards were very full, far more so than we had contemplated when the buildings were erected. One day I had the occupants of the wards all counted and found that there were 103 in quarters provided for 50! Of these, seventy-five were actual in-patients, almost all operation cases, and the rest were their so-called 'nurses.'"



THE call for public health is not merely a call for individual welfare; it is also one of the primal social duties. Next after himself, man owes it to his neighbor to be well, and to avoid disease in order that he may impose no burden upon that neighbor. A normal community can only be made up of normal members, and we are only just beginning adequately to recognize that the tuberculous person or the typhoid patient is a menace to public health. The Germans have given us that excellent phrase *Bacillenträger*; and this, for one disease, we have recently translated as typhoid-carriers. It would be well if we went further, and instead of speaking, as we usually do, merely of "consumptives," if we referred sometimes to these as tuberculosis-carriers. If we could go further yet and refer to syphilis-carriers and other sex-disease carriers, we should do useful service by educating the public to one of the gravest social aspects of public health reform.—WILLIAM T. SEDGWICK, in *Yale Medical Journal*.



AINTAB CLINIC. 1. A KOORD WITH ARAB HEAD-DRESS. 2. AND 3. A KOORDISH SHEPHERD AND WIFE IN THEIR OWN PROPER COSTUME.



RICH AND POOR, ALL ARMENIAN. THE TWO IN THE BACKGROUND ARE HOSPITAL HELPERS. AINTAB COSTUMES.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

TREATMENT OF BURNS.—The *New York Medical Journal*, quoting from a German journal, says: Renner recommends as a dressing for burns of every degree a powder consisting of one part of bismuth subnitrate and two parts of kaolin. The burned area is first thoroughly cleaned, then thickly powdered and bandaged with sterile gauze. The thorough drying of the area and the absence of infection are the chief virtues of the treatment, while the formation of bullæ is almost entirely prevented. The author's results have been most excellent.

TREATMENT OF CHILDREN WITH SCARLET FEVER.—The *New York Medical Journal* in an abstract from a German contemporary, says: Oppenheimer protests against the use of baths and cold packs, and against the administration of meat, meat broths, and eggs, in cases of scarlet fever as predisposing to renal troubles. He alleges that during the eighteen years he has been in practice he has treated over 150 cases of scarlet fever, seen every imaginable kind of complication, lost three cases by death, but has never had a case of inflammation of the kidneys.

HEREDITY IN CANCER.—Dr. Lapthorne Smith, of Montreal, in an article in the *New York Medical Journal*, attacks the theory of heredity as a factor in the production of cancer and asserts that it is purely a contagious disease. He says it is absolutely local in the beginning and should be removed at the earliest possible moment after its presence is suspected. A room or a house vacated by a cancer case should be most carefully disinfected before being occupied again. People may be exposed to the contagion many times without contracting the disease because their cells are in good condition and able to destroy or resist the amœbæ. Because cancer is believed to be hereditary no precautions are taken towards stamping it out, while consumption is recognized as contagious and is being rapidly stamped out.

CREOSOTE INHALATIONS IN TUBERCULOSIS.—In an article in the *American Journal of the Medical Sciences* Dr. Beverley Robinson strongly recommends the use of inhalations of creosote in laryngeal and pulmonary tuberculosis. The inhalations are given by means of a zinc mask, perforated, worn continuously, the pad being moistened with beechwood creosote and alcohol, to which, when there is much irritative cough, a little spirits of chloroform is added. Even if the vapor does not reach the lungs through the inspired air it may do so through the blood circulation. The stomach, already burdened with an excess of food, is relieved of the task of disposing of it and, theory to the contrary notwithstanding, it may reach the lung more directly if inhaled. Dr. Robinson says after an experience of twenty-five years with this method he knows of absolutely no other means which will afford anything like the same amount of relief to symptoms and hasten and promote cure to the same degree.

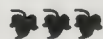
RECUMBENCY IN CONVALESCENCE.—C. C. Frederick advocates, in the *Journal of the American Medical Association*, keeping patients in bed after abdominal operations for a longer time than is now advised by many operators. With the exception of appendectomies, not acute, he would say that no patient after abdominal section ought to be allowed to be up before the lapse of from sixteen to eighteen days. The reasons he gives are the incompleteness of union before that time with the consequent greater risk of hernia, and the need of such a period of rest in the usually debilitated state of the patient. Since following this rule he has not had 1 per cent. of hernia in his abdominal cases, and, while the use of the buried suture has contributed, he lays this success largely to the longer recumbency. Of course, in a person operated on in full vigorous health the second reason does not apply to the same extent, but the danger of hernia is still present.

SOME LESSONS FROM ANCIENT FRACTURES.—The *Medical Record*, quoting from the *British Medical Journal*, says: Frederic Wood Jones reports on a collection of two hundred cases of bones that have been broken in ancient times and have healed. These fractures were collected from a series of upwards of six thousand bodies buried in the Nubia that lies between Sheilal and Demhid and they are from representatives of all periods between the early predynastic times (the earliest period from which human remains have come down to us, *circa* 4000 B.C.) and the

Christian era, until about the fifth century after Christ. They therefore cover a period of history of the human race of considerably over four thousand years. The most striking difference is seen in the figures relating to the fractures of the patella, and of the tibia and fibula. All fractures below the knee were very rare. The reason probably is that these people went barefooted, and lived at a time when there were no stairs, curbstones, or pavements. Fractures of the foot probably owed their rarity to the fact that wheeled traffic was absent. The two fractures that were notably more common in ancient Nubia were those of the forearm and of the clavicle. This was probably due to the use of the "naboot," a long stick, the Nubian's constant companion. The results of union of bone shown in their series are quite as good as those obtained by the surgical treatment to-day.

RIGHTHANDEDNESS AND LEFTHANDEDNESS.—The *Medical Record* in reviewing Dr. George M. Gould's work on this subject says: In this collection of essays, previously published for the most part in the *Popular Science Monthly* and various medical journals, Dr. Gould deals in his usual interesting way with the causes and the consequences of righthandedness. The origin of righthandedness is referred to the dominance of the right eye in vision. The preference of the right hand in operations requiring special skill is shown to be due to the fact that such operations at first must be directed by the eye, and if the right eye is the stronger it must insist upon the more delicate movements being made by the hand under its direct guidance. Further, the development of sign language and of written language, the first chiefly and the second entirely carried out by means of the right hand, under the control of the dominant right eye, determined the location of the speech centre in the left brain, and in consequence the acts performed in response to a command are naturally controlled by the brain centres nearest to the speech centre. Even the apparent exceptions to this dependence of righthandedness upon right-eyedness really prove the rule. In violin playing, for example, the more difficult fingering is done by the left hand, but this is because the right eye can guide the fingers of the learner better, for if the fingering was done with the right hand, the foreshortening occurring as the right eye glanced along the neck of the instrument would handicap one seriously. This is the theory briefly stated, but one must read the argument as developed by the author in order to follow it understandingly. It is the most satisfactory explanation of the dominance of the right hand that has ever been offered.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

[THE paper which follows, one of those sent to the Tuberculosis Congress, is especially interesting as describing the work of a nurse, Miss Amy Turton, an English woman who was trained at the Royal Infirmary, Edinburgh, and who has worked in Italy ever since as a nursing missionary and altruistic citizen. Miss Turton has been untiring in her efforts to introduce good nursing instruction into Italy and her many pioneer efforts will make an inspiring chapter for the third volume of the "History of Nursing."]

THE FIRST OPEN-AIR SANATORIUM IN ITALY FOR TUBERCULOSIS

BY AMY TURTON
Florence, Italy

No sanatorium for open-air treatment for incipient tubercular cases existing in Italy, an attempt was made in 1902 by private initiative to start a very small place near Florence—commencing with six to eight girls. A most ideal spot was found, on the edge of a fir wood near Settignano, sheltered from the north wind, and with the whole valley of the Arno stretching beneath it. The piece of ground bought was actually an olive field, and as many trees as possible were retained. The house was built with two wide terraces facing southeast—the lower one being covered, so that patients could lie out in it, and eat in it, in every kind of weather. The money was given anonymously for land and building, and we hoped that the town of Florence would supply means for the maintenance of the little home, as the doctors were much interested in the experiment. The furniture was given entirely by friends, all very simple, and carefully chosen with a view to non-dust collecting, and facile disinfection and cleaning. But difficulties met us from the beginning, although the bit of ground was quite isolated (only one small cottage being on one of its confines, which was uninhabited when the sanatorium building was commenced), yet some of the villas within sight took exception to its relative proximity, waged active warfare, signing protests, and attempting even to get it suppressed by

influence in Parliament. Happily, legally, the right distance was proved to exist and an energetic Italian canvassed for public sympathy, explaining how much better it was for phthisical patients to be put where the use of pocket spittoons was enforced, instead of being free to expectorate wherever they went. Gradually the storm of opposition died away and the public showed itself to be either favorable or indifferent. The home promised some profit to the tradesmen in Settignano, gained their approval, and our canvasser judiciously insinuated the prospect of its growing into a larger institution, and so employing more workmen and giving ultimately larger profit to tradesmen. Consequently the threats of boycotting came to nothing as well as those of legal processes.

The next difficulty that we encountered was the insufficiency of water. Before buying the ground we had insisted on boring for it, but though it was found at a great depth, the quantity did not come up to expectations, while the expense of the well instead went far beyond them. It was considered necessary therefore to build a large cistern to collect the rain water off the roof,—and as we encountered solid rock, again the expense augmented unexpectedly.

The question of drainage also proved a costly one, there was no possibility of getting on to a main drain, the place being quite away from any. Engineers, friends and employes agreed that a sort of half of the usual Italian system would be the safest. This was to run a waste pipe for the liquid part of the drainage away to the left, terminating a filtering place of deposit (I find it difficult to explain, not knowing technical terms in English) below the well so that nothing could filter into it.

The solid part of the sewage was retained in a special receptacle. placed under the W. C.'s, in which chloride of lime was placed, and was buried in the grounds of the neighboring peasants.

A lung specialist, and two doctors who were also keen on the "open-air treatment," generously offered their coöperation, the first in choosing, the others in treating the patients. These were to be only in the initial stage of phthisis. Two rooms were set apart for those who could pay five lire. A large room containing four and another with two free beds made up the eight we hoped to fill. The rules were few—visitors' hours to be limited and absolute obedience to the nurse comprehending briefly what was insisted on to any new patient.

The charge of the place was at first taken by a nurse friend, who had spent several months at the *Sanatorium populaire* at Teysin studying the system of the treatment. She was helped by a sort of house-

keeper cook, and the neighboring peasants engaged for washing, and for odd jobs.

We opened in September, 1904, with one paying and one free patient. Hypodermics of guaiacol was the treatment with, of course, rest, and moderate hypernutrition, and the food was as varied as possible, and the results as regarded increase of weight were extremely satisfactory. The patients' windows were fitted with a catch, which prevented their closing them—but we had very little difficulty in convincing them of the necessity of breathing continual pure air. Even the lady housekeeper soon found courage to sleep with open windows and instructed her family to follow her example. And certainly one of the most satisfactory outcomes of the little experiment has been the spread of hygienic notions among the relations of every one who came under its influence. Short strolls in the fir woods, and the rest of the time lying on chairs, lounges on one or other terrace, reading by the nurse, and games with a big poodle, Toro, were the daily routine. Cold sponging, or baths, weekly weighing, the rigorous use of sputum cups, or holland bags containing handkerchief, were carefully supervised by the nurse. She also herself destroyed the sputum in a sort of cauldron arranged for the purpose.

The moral influence of my friend resulted in an atmosphere of hope and good will. Could we have entirely devoted ourselves to the little place, I have no doubt that we could have obtained many of the cures which rewarded us during the first six months. But our hopes of obtaining public help were not fulfilled. The Florentine Societies (*anti tubercolari*) had not the necessary funds to coöperate. The building, etc., had absorbed the money meant to help with the maintenance of the place during the first year, and finally, my own very serious illness in November (typhoid, with complications) necessitating the temporary placing of nuns in my nurse friend's place, while she took mine, combined to render it impossible for financial reasons to continue beyond the month of March. We decided, therefore, to make the little home a gift to an analogous society which was slowly struggling into life, and which was purely Italian, and consequently more able to solicit funds. Our dear little sanatorium has consequently passed to Dr. Pieraguote's "*Predisposti*" and twelve to fourteen little boys do the "open-air" cure instead of our "*incipiente*" girls or women. Queen Helen has become patroness, and the place bears her name since we refused to accept their desire that it should also be called by the name of the anonymous giver. The same nuns are retained, and hopes are enter-

tained of eventually building another house for little girl "predisposti."

Meanwhile those few happy months spent with my friend remain warm in the memory of those girls who learnt how to help cure themselves, and of those four who seem really to have been cured. So far as I know only two cases entirely failed; one developing the "galloping" phase just when I was beginning to recover, and the other going steadily down hill for about a year after we had given up the place.

ITEMS

CANADA has formed a "Provisional Society of the Canadian National Associations of Trained Nurses" with Miss Snively as president, and Miss Matheson, secretary-treasurer. The organization embraces eighteen societies and will be welcomed next summer into the International Council.

AMONG the foreigners of distinction at the tuberculosis congress was Miss O'Neil from Dublin, a trained nurse and member of the Woman's National Health Association of Ireland. Miss O'Neil visited hospitals and, in New York, called at the Nurses' Settlement and on Miss Nutting at Teachers' College.



DISCONTINUANCE OF AND RETURN TO A MILK DIET IN DIARRHŒAS OF INFANCY.—The *Medical Record*, quoting from *Journal de Médecine de Bordeaux*, says: Rousseau-Saint-Phillipe says that milk is not the perfect, antitoxic, easily assimilable, complete food that it has been considered. The cow even if healthy, clean, and well fed gives a milk that is not suitable for the child, and it is necessary to watch its digestion and assimilation. When a good, pure milk has been obtained it is necessary to watch its dosage carefully. There are cases both acute and chronic in which it becomes poisonous and excites a gastro-enteritis with putrefactions. In these cases milk must be stopped at once and a water diet made use of, with a certain amount of fasting, followed by the use of some other food. When the intestines have been cleansed, disinfected, and returned to a normal condition the use of milk should be begun very gradually and in very small doses, and thus a tolerance be gradually established for it.

THE VISITING NURSE DEPARTMENT



IN CHARGE OF
HARRIET FULMER

BABY DAY CAMP OF THE PROVIDENCE DISTRICT NURSING ASSOCIATION

By MARY S. GARDNER
Graduate of the Newport Hospital, Newport, R. I.

THE care of the sick baby in summer in the homes of the poor is a problem in every city and if the baby must be artificially fed, the difficulty is greatly increased.

Even in the cities where there is ample hospital accommodation, the problem is not solved, for while the hospital cures, it does not prevent illness, and it is well known how often a child is returned to an ignorant mother, only at once to fall a victim to the same disorder of which it has just been cured at the hospital. This has been seen too often to be ignored, and the social worker connected with the hospital, the district nurse, and others doing work among children, are striving to bring about a new order of things, and by education of the mother to strike at the rest of the matter.

All visiting nurses, however, know the hopelessness of entering a house, ready primed to teach milk modification and to preach fresh air and cleanliness, when they find a dirty, stuffy house, an impossible back yard, and a mother who certainly may be taught, but with whom the process will undoubtedly be a prolonged one. The question is, will the baby live while we educate the mother, for death does not await the convenience of others.

In some cities there are special arrangements to meet just this situation, places where the mother can take her baby for the day, and where skilled care will be given it.

In other cities there is nothing, except the already overtaxed children's wards of the hospitals, where in all probability the beds will be full of children more acutely ill.

Copying, though in a smaller and less expensive way, the Baby

Day Camps of Chicago, of which we first learned at the Visiting Nurse Conference, a day camp was started in Providence.

Some of the details of our modest effort may be of use to other visiting nurses, who, if they are to do anything of the sort at all, must do it economically.

A lady offered us her beautiful grounds, with a summer house and a broad shady piazza, also the use of the gas stove and telephone. The family was to be out of town for the greater part of the summer, and the house left in charge of servants. It was ideally situated for our purpose on the edge of one of the most congested parts of the city. The same lady also gave us \$100 toward equipment and running expenses. Beds, bottles, bottle racks and ice-chest were loaned to us. In buying the simple equipment the temptation to get "hospital supplies" was withstood, and only such articles purchased as could be afforded by the poorest mother, for the whole object of our scheme was to teach the mothers by example, and demonstration, what they themselves could do for their babies.

The ticks were stuffed with straw which could be readily removed, the measuring cups, pitchers, etc., were of agateware, the long table was covered with enamel cloth, the rubber nipples were kept in glass preserve jars; everything, in short, though scrupulously clean, was such as might be found in any home, for we hoped that the whole might prove valuable as an object lesson.

It was decided to limit ourselves to ten beds, so that the nurse might have time for instructing and talking with the mothers. We engaged a nurse with good experience in baby work, and we also engaged an assistant, a public school teacher, with an aptitude for babies, who was glad to use her vacation in this way, and who did excellent work under the nurse's guidance.

The District Nursing Association had added to the staff three special nurses, for the summer months, to do advisory work with children, and to these nurses was given the responsibility of sending in the babies.

One of the younger doctors took medical charge of the camp, and a large amount of its success has been due to his devotion to it, to his willingness to follow up the babies at home, and to his talks with the mothers.

The mothers brought the babies at half-past eight in the morning (on Sunday as well as on week days), having first bathed them at home. They brought with them enough clean diapers for the day. Of course, real diapers were rarely seen, but the stipulation that the clothes must be clean and not washed with naphtha soap was insisted upon. On arrival

the babies were undressed and a night-gown put on, their clothes being kept clean to wear home.

The milk was modified every morning for the twenty-four hour feedings, to meet the requirements of each baby, according to the doctor's orders, and at night every mother carried away with her the bottles needed for the night, paying for all five cents a day. The soiled diapers were also taken home to be washed, heavy paper bags being provided for the purpose. The articles used for each child were, of course, kept separate, while bottles, nipples, night-gowns and sheets, were boiled daily. The strictest care in regard to these precautions was observed, and the mothers instructed in a like care at home.

The mothers were allowed to come and see their babies at any hour, but they did not stay at the camp unless a child was dangerously ill. On the recovery of a baby, it was sent home to make room for a sicker one, but the children's nurses visited it regularly to see that instructions were being carried out, and it was often surprising to find how many of the camp ideas had been observed and how great an effort was being made to carry them out in the midst of discouraging home surroundings. Groups of neighbors and friends also visited the babies, giving excellent opportunities for instruction.

The camp was open from July 2 until September 4, during which time fifty-three babies were cared for at a total expense of \$252.61. We consider the plan a success, judged both by the good results gained by individual babies, and from the point of view of the education of the mothers.

The fact that it met a want was proved by the number of babies who came to it from all parts of the city, brought by the mothers and sent in by the doctors, by the eagerness with which the opportunity was sought, and the regularity of attendance even when distances were long and car fare hard to spare.

ITEMS

THE Visiting Nurse Association of Hartford, Conn., has moved its headquarters from 52 Spring Street to a larger apartment at 124 Windsor Avenue. The increasing demand for the visiting nurses' services has necessitated employing a fourth nurse, Winifred E. Moir, Backus Hospital (1906), Norwich, Conn. In addition to former work, the visiting nurse now investigates the home conditions of the patients from the Hartford Dispensary Clinic for Tuberculosis, and during the coming winter it is hoped to instruct tubercular classes. During the last year, social work among the children has been successfully conducted by Miss

A. H. McCormac, and in the summer months three hundred and seventy-two children have enjoyed outings in the suburban parks.

MISS CABANISS and Miss Minor came to the Tuberculosis Congress from Richmond. They have a most gratifying development of their work in the nurses' settlement to report. The Board of Health of Richmond has appointed two nurses and has placed them under Miss Cabaniss' direction. They will do tuberculosis work and were sent to the congress with expenses paid by the Health Department. A lady has given the salary for another nurse so that there are now six in all with the head worker. The three new members are Miss Isaacson, Miss Edmundson, and Mrs. Kennard. A pleasant incident of the summer was that the Governor of Virginia loaned his summer home to the nurses of the settlement for their own recreation.



THE X-RAY IN DERMATOLOGY.—The *American Journal of Surgery* says: Geyser concludes that the so-called X-ray burn is no more the direct result of the X-ray than the same reaction when the part has been exposed to the ultra violet X-ray, radium, or similar agents, and is, therefore, entitled to the name of radiodermatitis. The X-ray when brought into direct contact with the tissues is far more active than radium and furnishes clinically better results. There is no accurate means at present whereby the effect of the X-ray can be measured; the reaction is largely due to conditions existing within the body of the patient. The X-ray is not a cure-all, but has its indication in certain selected cases; whenever possible malignant growths should receive the benefit of radical removal by knife, cautery, or paste.

HIPPOCRATES is still admired as the father of medicine, not for his theories, which are now merely historical curiosities; nor for his practice, which was doubtless poor enough; but for his method, which was sound and scientific as well as new; for his insistence on observation and study, especially of the patient; but above all, for his conception of disease as a natural rather than a supernatural phenomenon.—WILLIAM T. SEDGWICK in *Yale Medical Journal*.

LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

RED CROSS WORK IN MISSISSIPPI

DEAR EDITOR: Allow me to correct an error made in the letter department of the October JOURNAL, headed "Recognition of the Work of Southern Nurses." Red Cross nurses arrived in Hattiesburg, Mississippi, May 3, exactly nine days, instead of nearly two weeks, after the tornado. Furthermore we consider the work of Hattiesburg physicians, King's Daughters, citizens, and New Orleans nurses, all done in the *Red Cross spirit*, therefore it was hardly necessary to make any personal mention.

Troy, N. Y.

ANNA M. BEADLE.

HOT SPONGING IN FEVERS

DEAR EDITOR: I would be glad if any of your readers who now use hot sponging instead of cold to reduce temperatures would kindly tell me at what temperature they use the water. I had an enteric patient whom I sponged with very hot water and afterwards rubbed over with spirits of wine. The result was a slight drop in temperature which was maintained for about eight hours. The kidneys which were sluggish acted after the sponge, the patient slept, and said she felt more comfortable and much less tired than after a cold sponge. I would be very grateful for any information on this point.

A NURSE IN INDIA.

THE GRADED REGISTRY

DEAR EDITOR: The question of who shall or shall not look after the poor and middle class sick in our communities will hardly be answered by the "Graded Registry" suggested by Miss Erickson. A nearer solution will be when nurses are compensated for their services as the members of other professions, for the individual case based upon the financial standing of the patient. Emphasizing a stated weekly stipend only helps to place nursing on the level of a trade. When the conditions suggested prevail generally then the graduate can give her services for

the care of the sick poor and not work a hardship either upon herself or those who may be dependent upon her. In connection with charity work let it be said that the position of the trained nurse is not the same as the members of other professions, in that her earning capacity, except from the case she is nursing, is at a standstill when she is busy. If, perchance, her service be gratuitous, she still has her living expenses to be met and these of necessity must be taken from her own pocket.

I certainly do recommend the sliding scale; one that slides up as well as down. I see no reason why a nurse should not receive a substantial fee from a wealthy patient for nursing him through, let us suppose, pneumonia. Not at the rate of \$25 a week for four or six weeks, amounting to \$100 or \$150, but \$500 or \$1000 for the case regardless of the time that it takes her to nurse him back to health. When this is done the nurse can easily afford to care for the sick poor at little or no monetary return and besides the burden of nursing the sick poor will be placed upon those able to bear it and where it belongs, the moneyed class.

LOUIE CROFT BOYD, R.N.

THE NURSE AS AN ANÆSTHETIST

DEAR EDITOR: Having read the article entitled "The Nurse as an Anæsthetist" by Dr. J. M. Baldy, I ask for information as to where a nurse may receive training as an anæsthetist. A. H.

["I have had several similar letters to the one you send me and am at a loss to know just what to say in answer.

"At present there is no place to my knowledge where a nurse or anyone else could apply for a training in anæsthesia. As we all know the whole subject of anæsthesia is in a most deplorable condition and my remarks in my address to the American Gynæcological Society last spring were made in hopes of starting an active discussion of the whole matter and of eventually bringing about an improved condition of affairs. My appeal was to the medical profession and to hospital managers, incidentally pointing out to them a good source from which to draw material, a source from which I have myself drawn most successfully, at the Gynecæan Hospital.

"Reforms come slowly and I had no hopes of a different result in this case. I do not believe an immediate and active demand will be created and possibly when the reform comes, as it surely will in time, other sources than the nursing profession may be drawn upon.

"In any event I am most pleased with the interest that has been

displayed (I have heard from nurses, women physicians, hospital managers and superintendents), and hope the discussion and thought which have been awakened may eventually bear fruit in a practical way.

“Thanking you for your own interest in the matter,

“Very sincerely yours,

“J. M. BALDY.”]

THE SUFFRAGE

DEAR EDITOR: Having recently returned from a vacation of two months, during which time my magazines were not sent on to me, I have not until to-day seen the August and September numbers of the JOURNAL, in which the matter of woman suffrage is discussed. With my friends Miss Dock and Mrs. Kelly, I regret deeply the failure of our Associated Alumnae to support the resolution of the Woman's Suffrage League, and in thinking the matter over, I am rather inclined to conclude that their action was due more to a lack of knowledge of what woman suffrage really means and involves, than to any deep-seated conviction that it is an undesirable and unworthy cause to support, for otherwise it hardly seems credible that such action could be taken by working women (such as we nurses are) who are also thinking women, if they have given careful study to this matter, which so profoundly affects not only the welfare of women but of the race. It seems as if with full knowledge of the movements which women are now making for the enfranchisement of their sex in almost every quarter of the globe, and of the historical events which have led up to them, we should not only find ourselves endorsing the workers for woman suffrage wherever we may find them, but might feel ourselves impelled to share as far as we are able in their heroic efforts. There is one thing assuredly which we nurses must believe, and that is that we have no right to take any action in ignorance of the full issues which are involved in it, and our responsibility is often as great for rejecting as for accepting a measure. For this reason, and because of the paramount importance of the subject, I suggest that our various alumnae associations and societies of all kinds devote some time during the coming year to a real study of the subject. More than one evening might profitably be devoted to addresses from workers in this field, and our libraries might be enriched with the standard literature in this subject, beginning with John Stuart Mill's "Subjection of Women." One has only to look at the literature of the last few months to realize the full import of this matter. The great Reviews—the *Contemporary*, the *Fortnightly*, the *Nineteenth Century*—have all accorded a distinguished place to articles

on this subject, while here in America, even the staid and conservative *Atlantic Monthly* has in a recent number an excellent article on the "Working Woman and the Franchise." If no speaker is available, that need not discourage us, for a useful course of reading could easily be mapped out, and I would even go so far as to desire that a certain small proportion of selected material should find a place in the issues of our cherished JOURNAL, even though it should be desirable for the editorial columns to preserve an independent attitude. I commend the whole matter to the most respectful and serious attention of our nursing associations.

New York, October 14.

ADELAIDE NUTTING.

THE SUFFRAGE

DEAR EDITOR: The JOURNAL's assertion that the question of suffrage is not of sufficient interest to women of the nursing profession to warrant any but an indefinite stand being taken editorially, has surprised and disappointed many of its readers.

It has been stated in one of its editorial pages that nurses have to contend with political forces which oppose the advancement of the class to which they belong. In what other truly effective way can nurses contend with such forces except by becoming politically forceful themselves?

It would be interesting to know what the attitude of the JOURNAL will be when the extension of the suffrage to women becomes a reality, as it soon will be in England. When nurses, as citizens, are entitled to vote for legislation in furtherance of their interests, for efficient men and women in government, and for health measures, far-reaching in results, will the JOURNAL, editorially, still remain neutral and uninterested?

Surely the purpose of this periodical could still be maintained if its policies were not so severely technical as to exclude a word of approval for some of the large reform movements.

Those of us who were impressed recently by the vigorous support of suffrage shown by the English nurses, cannot but feel that the nurses of America, though spirited in *individual* matters, still lack the true spirit of the times, an awakening *social* responsibility.

NORA K. HOLMAN, R.N.

THE SUFFRAGE—ANOTHER VIEW

DEAR EDITOR: As for the action in San Francisco relative to the suffrage question, let me say first that the Nurses' Associated Alumnae did right in refusing to go on record in support of a movement that is

in no sense vital to the nursing profession. Equal suffrage, although a matter of justice, should not be an issue with the nurses of the country because their issue is a uniform training throughout the United States, and this can only be accomplished through the registration laws which in time should be made uniform.

Some day equal suffrage may be a political issue in one or more states. Should the Associated Alumnae of Nurses side with the women who are working for equal suffrage, by going on record in writing and in print in favor of this movement, it might work seriously against the nurses in some state getting the law they should have. I know men and I know legislators well enough to know that they would quickly side against a nurse registration law which was pushed forward by women who were also working in favor of equal suffrage. As I said before registration for nurses is vital to us but equal suffrage is not and if we are going to win in the former instance, and lay the substantial foundation stones for a uniform curriculum, we must as a profession keep in the "straight and narrow path" and know no other end but this one. What individual nurses may think or do is of no import, but as associations, local, state and national, we must keep to our own interests. Such resolutions as those presented in San Francisco should be pigeon-holed and never see the light of day, for as associations it is wiser not to go on record either way, for or against.

LOUIE CROFT BOYD, R.N.

LONG HOURS OF PRIVATE DUTY NURSES

DEAR EDITOR: There has been a great deal of discussion about various difficult phases of nursing, one, which has perplexed me for years, being why there are so many nurses who do inferior work, and I finally saw that one reason is that nurses on private duty are so often called upon to do more than twelve-hour duty. No matter how light a case may be considered, the nurse requires eight hours of rest from care or nervous strain, and if she is expecting a patient to call her during the time that she is supposed to rest, she is not free from strain. Nursing is the hardest of all professions because the responsibility is so great, for the nurse is entrusted with a human life, and I say that she needs the best rest, rest at night.

Things can be arranged, in any way that is best, if people only wish to do it. Three-fourths, I think it is safe to say, of my patients are not in extreme danger, and if only one nurse is on a case the patient will do better if the nurse is on during the day. The patient then receives

the full quantity of nourishment and medicine and water during the day and will rest better at night. The one who cares for the patient during the nurse's absence will swear that the full quantity of water, nourishment and medicine has been given, and in many instances I know that to be untrue by the way the patient takes the first portion that I administer. They do not want it, and I know that they have not been made to take it; or else I know by the patient's condition. I am sure that the patient's worst time is not after 2 A.M. if they have been properly nourished and are protected from the change of temperature at that time, as it then always gets cool; and it is usually the patient's best time as all the world is then in sleep. That is the sleepest time of the twenty-four; it was for our ancestors and we have inherited the same propensity, and if there is absolute quiet and the light out, many times, and the habits and natural requirements of health enforced during illness, little else is needed.

Not long ago a doctor spoke of a woman being a good nurse and very strong. I asked: "How long do you think she will remain strong?" and he replied: "Fifty years if she nurses right and if she nurses wrong, she will be worn out in ten years." He, though a very busy physician and a good one, helps the nurse in securing her rest by giving the subject his personal attention.

When the house is not perfectly comfortable, I think the nurse should go to her own room to rest, and thus she has the best of rest.

Do you think it would be a benefit to patients in hospitals, having one special nurse, if that nurse were on during the day? If a nurse is required at night, it is almost safe to say that two specials are required. If the patient in the hospital receives the most of his nursing during the day and is made comfortable for the night, would he not receive more rest at night and improve more rapidly? Of course this applies to patients that are not in extreme danger. If the practice of day nursing were adopted by the hospitals, when there is one special on a case, it would be a good precedent in favor of the nurse's rest. The nurse would not be looked upon as a commodity for the convenience of others, depriving her of her natural hours of rest. In private homes, a member of the family can afford to lose the rest as it is not a life work with them.

Men are paid twenty-five and thirty dollars and still more for work of eight and ten hours per day that is not as hard as nursing, and why should nurses be called upon to do things harder than anyone else, when thought on the part of the physicians would lessen it somewhat?

I cared for the sickest patient that I ever saw recover by giving him

his medicine, milk and water from 6 A.M. till 10 P.M., and he took two quarts of milk and two of lithia water during that time each day. The physician said that one dose of the two medicines which were compatible between those times would be sufficient. The daughter slept in the room and gave the medicine about 4 A.M. and the patient was better for his stomach's rest of six hours. It was a case of subacute Bright's disease in September, a man 68 years old. He has been walking about since December.

E. C. H., R.N.

ANOTHER OPINION OF DR. BARRUS' BOOK

DEAR EDITOR: The review of Dr. Barrus' book, "Nursing the Insane," in the October issue of your valuable magazine, contains statements that make it seem unwise to leave the subject as it now stands. It gives the impression that "Nursing the Insane" is not a text-book in the technical sense. To those of us who know the work of which it treats, it comes as a boon, because in its own line it is technical and dwells upon the things that every one working among the insane must know. It is because of the reviewer's lack of understanding of insane nursing that it seems to her not practical. It is not meant at all to take the place of text-books on general nursing, anatomy and physiology, obstetrics, etc., but is just what its title conveys, a text-book on nursing the insane, and will prove a valued text-book on this subject in the training schools connected with the insane hospitals.

The second evidence of unfamiliarity of the present status of nursing for the insane is shown in the second paragraph which states: "But what is actually true concerning nurses who make up the majority in the enormous insane hospitals throughout the country, are they not for the most part drawn from the sources which provide the domestic rank and file?"

This is not true to-day. To those familiar with the nurses in our hospitals for the insane and with the work they are doing, which calls for and receives the highest qualities of heart and mind, this statement seems so unjust that we cannot let it pass unchallenged. The depths from which the care of the insane has risen were no deeper than those from which the nursing in general hospitals has risen, but our training schools are not so old, and consequently the work that is being done in them and the calibre of the nurses are not so well known.

The standard of the schools and pupils is shown by the fact that many of the New York State Hospitals are fully registered and graduates from these schools are registering.

State Hospital, Rochester, N. Y.

MARY ELIZABETH MAY, R.N.

OFFICIAL REPORTS



All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

ASSOCIATED ALUMNÆ COMMITTEES

THE following committees should be added to those published in the July JOURNAL. Public Health Committee: chairman, Mrs. A. R. Colvin, 30 Kent Street, St. Paul, Minn.; Minnie Ahrens, Provident Hospital, Chicago; Mrs. Catherine C. Pottenger, Pottenger Sanitarium, Monrovia, Cal.; Mrs. Edith Baldwin Lockwood, Granby, Conn.; Mrs. A. C. Hartridge, Pine Heights Sanitarium, North Augusta, South Carolina. Almshouse Committee: chairman, Miss L. L. Dock; other members of last year reappointed with the added name of Mrs. L. J. Lupinski, Grand Rapids, Michigan.

SARAH E. SLY, Secretary.

DISTRICT OF COLUMBIA EXAMINATION

THE Nurses' Examining Board of the District of Columbia will hold examination of applicants at the Garfield Hospital, Washington, on November 16, from 9 A. M. until 4 P. M. All applications must be in by November 1.

KATHERINE DOUGLASS, R.N., Secretary and Treasurer.

A SUPERINTENDENTS' ASSOCIATION IN NEW YORK.

THE superintendents of training schools for nurses in Greater New York have formed a local society to be known as the League for Nursing Education. While the objects of the association will be similar to those of the American Society of Superintendents of Training Schools for Nurses, it is hoped also to promote more professional intercourse among those engaged in all nursing work in New York City.

Eight meetings are to be held during the season.

Eligibility to membership in the American Society of Superintendents qualifies one for membership in the league, and all superintendents of nurses and their assistants will be cordially welcomed.

Mary A. Samuel, of Roosevelt Hospital, is president and Mabel Wilson, of St. Luke's Hospital, Cathedral Heights, the secretary.

MABEL WILSON, Secretary.

REPORT OF HOSPITAL ECONOMICS COURSE

THE tenth year of the course in Hospital Economics at Teachers' College opened September 23, 1908, with a registration of fifteen students: Harriet Bailey, graduate of Johns Hopkins Hospital Training School, Baltimore, Md.;

Jennie Berry, graduate of Training School of Central Maine Hospital, Lewiston, Maine; Louie Boyd, graduate of Colorado Training School, City and County Hospital, Denver, Colorado; Eliza Davis, graduate of Long Island College Hospital, Brooklyn, N. Y.; Bertha Erdmann, graduate of St. Barnabas Hospital, Minneapolis, Minn.; Josephine Lalor, graduate of Garfield Memorial Hospital, Washington, D. C.; Carlotta Marshall, graduate of Massachusetts Homeopathic Hospital, Boston, Mass.; Mary C. McKenna, graduate of Fall River Hospital, Fall River, Mass.; Linette Parker, graduate of Union Hospital, Fall River, Mass.; Louise Powell, graduate of St. Luke's Hospital, Richmond, Va.; Gustava Sillcox, graduate of German Hospital, New York, N. Y.; Bessie Simmons, graduate of Boston City Hospital, Boston, Mass.; Bertha Staley, graduate of Johns Hopkins Hospital, Baltimore, Md.; Isabel Stewart, graduate of Winnipeg General Hospital, Winnipeg, Manitoba; Effie Taylor, graduate of Johns Hopkins Hospital, Baltimore, Md.

The course of study has been so altered that the line between the first and second year's work is quite definitely drawn, the first year giving comparatively few electives, the second giving a wider range than hitherto offered, so that the student may, as far as possible, in the second year specialize in the line for which she is particularly fitted. The courses newly opened to the students this year are:

Two in Columbia in Social Economy, by Dr. Devine—The Standard of Living, Poverty and Relief.

Two in Barnard in Sociology, by Prof. Simkhovitch—The Industrial Family, Social Progress of Cities.

One in Barnard, by Prof. H. L. Moore—Outlines of Economics and Practical Economics.

An important addition to our special lectures is a course to be given by Miss Lillian D. Wald, head worker of the Henry Street Settlement, during the month of November.

At Teachers' College Dr. Wood's Extension Course, Public and Social Hygiene, is also open to the students. This should prove particularly valuable, as it includes the following topics: responsibility of the individual for the health of the community; causes of preventable diseases; characteristics, habits, and modes of conveyance of disease germs; special measures for the prevention and control of tuberculosis, small-pox, malaria, yellow fever, diphtheria, rabies, and other special forms of communicable diseases; regulations applying to quarantine, disinfection and fumigation; sanitary principles relating to house construction and care; street cleaning and disposal of waste; supply of food, air and water; sanitation of public buildings; climatic hygiene and hygiene of occupation.

It is exceedingly interesting to note that there are four scholarships provided this year for the students of this class: from the college, one; from the Superintendents' Society, two; from the Johns Hopkins Hospital, one.

There are also two students with appointments from the college calling for a certain amount of student assistance, in return for which they receive either the whole or a part of their tuition.

Among the hundreds of students at the college, each seeking for something to equip herself more fully for the work she wishes to do, is a young woman planning later to enter a prominent training school for nurses, who is devoting

a year to preparation here. She is taking work in elementary chemistry and physics, physiology, bacteriology, hygiene, food production and manufacture.

ANNA G. HAYES, Assistant in Hospital Economics.

STATE MEETINGS.

MICHIGAN.—The Michigan State Nurses' Association, at its annual meeting held in Ludington, June 30 and July 1 and 2, had presented the following resolution which was unanimously adopted:

Resolved, That a letter be sent to the officers of the Michigan Society for the Study and Prevention of Tuberculosis, expressing the interest of the Association in the work they are undertaking, pledging its help to secure members and its aid to make the Michigan exhibit at the international congress in Washington a success.

This resolution was engrossed and sent to Dr. A. S. Warthin to be made a part of the State Anti-tuberculosis Exhibit.

The executive board, at its meeting held September 2, voted to send fifteen dollars to help defray the expenses of this exhibit.

FANTINE PEMBERTON, Secretary.

NEW JERSEY.—On September 22, a special meeting to consider amendments to the constitution was held by the New Jersey State Nurses' Association at the Free Public Library in Newark.

It was called by the executive board, and the vice-president, Frances Dennis, presided. In accordance with a request from the General Federation of Women's Clubs, a committee of four was appointed to look into conditions at county almshouses, with a view to establishing nurses in them.

Nora K. Holman reported that the health committee of the State Federation of Women's Clubs, of which she is a member, was going to urge all clubs which had a civic department to appoint a health committee, and that it would send out circulars and would try to institute a public health day, when lectures will be given on the subject and other ways of observing it be practiced.

Helen D. Stephen, the secretary, and Mary F. Dawes were appointed delegates to the annual meeting of the State Federation, October 10, and Miss Dennis was chosen to serve with them as a nominating committee to make out a ballot for officers of the federation. Mary McKechnie was named a delegate to the International Tuberculosis Congress at Washington, and four new members were elected. They are Christine MacMillan, Helen Demarest, Mary Coughlin and K. J. Tinsomault, all of Paterson.

The amendments to the constitution considered provided, among other things, for the holding of the annual meeting in May and for a second regular meeting in December. The next session will be in Plainfield, December 1. The constitution will then be voted upon.

HELEN D. STEPHEN, Secretary.

OKLAHOMA.—The graduate nurses of Oklahoma met in convention on September 1 and organized a state association with the following corps of officers:

president, Rae L. Dessell, R.N.; vice-presidents, Gertrude Kluehr, Mrs. N. H. Hinds, Sarah A. Knott, Sara Moore, Miss Key, Miss Furgeson, Jennie Others; secretary, Martha Randall; treasurer, S. B. Weir.

The vice-presidents were chosen with a view to distributing the work over the various counties having training schools, and inspiring state-wide interest. There were present twenty-two of the representative nurses of the state, and a splendid work was accomplished. Oklahoma was in sore need of such organization and its nurses are pleased with their initial step. They are now working on a bill for state registration which they hope will be passed at the next session of the Legislature.

The establishing of an official registry was discussed as well as other items of local interest.

The convention was held in the Graduate Nurses' Clubhouse, and the guests were entertained by the members. The Association adjourned to meet in Guthrie, October, 1909.

A pleasant hour was spent, after adjournment, in friendly intercourse and hearty handshaking. Light refreshments were served.

At the evening session, eminent persons outside the nursing profession were present.

MARTHA RANDALL, R.N., Secretary,
136 West 6th Street, Oklahoma City.

REGULAR MEETINGS

CHICAGO, ILL.—The Illinois Training School Alumnae Association has completed the full endowment of its rooms for sick members in the Presbyterian Hospital. It has issued a very attractive calendar for the year which contains names and addresses of officers, the program for each meeting of the year, the names and addresses of members, its constitution and code of ethics. The program for the September and October meetings were as follows: September, "Care of the Convalescent," Mary R. Lawther; "Occupations for Invalids," Anna Johanni; "Care of the Aged," Jessie Breeze; "Duties of the Permanent Nurse," Bertha Sargent. October: "Care of Contagious Cases at Home," Belle M. Smith; "How to Amuse the Convalescent Child," Mary C. Ledwidge; "Heart Affections in Children," Jessie F. Christie; "Pneumonia in Children," Mrs. Clara Kelly.

Miss Pickhardt is president of the association. Mrs. Tice is chairman of the program committee.

CHICAGO, ILL.—At the annual meeting of the Lakeside Hospital Alumnae Association in September, the following officers were elected: president, Caroline Soellner; vice-president, May Glanville; secretary, Margaret A. Hamilton; treasurer, Irene Griswold.

CLEVELAND, OHIO.—On September 24, the Alumnae Association of Lakeside Hospital held a birthday tea at the hospital. The invitation to the tea was accompanied by a tiny silk bag to be filled with as many pennies as the sender was years old, or more. Over \$1,150.00 was realized.

At the October meeting of the association it was decided to hold a bazaar in November, 1909. The money left from the graduating class party was given to the Babies' Dispensary and Hospital.

BOSTON, MASS.—A whist party in aid of St. Elizabeth's Hospital was held in the hospital parlors on the afternoon of October 9. Mrs. Broderick and Mrs. Odell presided. About seventy were present and the occasion was a very enjoyable one and a financial success. It is hoped to continue the whist parties through the winter.

BOSTON, MASS.—The Alumnae Association of St. Elizabeth's Hospital held a whist party and dance at Catholic Union Hall on the evening of October 28. The patronesses were Mrs. Felix McGin, Mrs. Katherine O'Toole, and Mrs. Thomas Travell. The proceeds are to be devoted to the hospital fund.

PATERSON, N. J.—The Alumnae of the Paterson General Hospital held their monthly meeting on October 6. It proved very interesting, a large number of nurses being present. After the business was attended to a pleasant social hour was spent, refreshments being served by the committee appointed for that purpose.

JAMAICA, N. Y.—The graduates of the Jamaica Hospital Training School for Nurses have formed an alumnae association to meet at the hospital the first Thursday afternoon of each month. Miss K. Pearle Jones, R.N., is secretary.

ST. PAUL, MINN.—The Ramsey County Nurses' Association held its annual meeting on Thursday, September 3, at which the following officers and board were elected: president, Etta Jannisch; vice-president, Edith Brown; secretary, Frances Pace; treasurer, Bessie Donnelly; executive committee, Misses Wood, Holl, Loftus, McPherson, Theobald.

At Miss Patterson's suggestion, the executive council was asked to consider adding a by-law that all members must be registered nurses, though the title of R.N. would not of itself insure membership in the association. The monthly meetings are to be held with Miss Wood at 35 Aurora Avenue.

GRAND FORK, NORTH DAKOTA.—The graduate nurses of Grand Forks County held a meeting on September 8, and organized the Grand Forks County Graduate Nurses' Association. The following officers were elected: president, L. Mae McCulloch; vice-president, Miss M. Hanson; secretary and treasurer, Dorothy Mott. The following chairmen of committees were named: Credentials, Mrs. B. W. Pratt; Entertainment, Bertha Simons; Ways and Means, Emma Long. A graded registry will be kept at St. Michael's Hospital, Grand Fork.

NEW YORK, N. Y.—For many years the colored graduate nurses wished to organize and form a national association. Martha Franklin, graduate of the Woman's Hospital of Philadelphia, now a private nurse in New Haven, made a call to the four hundred and fifty colored graduate nurses in the United States. Fifty-nine enthusiastic young women from the best hospitals of the country responded to the call, and assembled at St. Mark's Methodist Episcopal Church, 53rd Street, New York City, August 25-27.

The program rendered was one that they may well be proud of, because it has shown that a wonderful work is being done by the colored nurses throughout the United States.

On Tuesday evening, August 25, fraternal greetings were received from the National Medical Association (colored) convening in Plaza Assembly Rooms.

On Wednesday morning, Dr. William H. Brooks, pastor of St. Mark's Church, made an address of welcome. He voiced the sentiment of all by saying: "Trained nursing is more than merely a profession and means of livelihood for our young women, it is a mental and moral uplifting." In the afternoon, Miss Franklin, president, introduced Miss Trent, the president of Lincoln Hospital, N. Y., Alumnae Association, who took charge of the program.

Miss J. E. Hitchcock of the Henry Street Nurses' Settlement, extended to the members an invitation to visit the settlement. Friday morning twenty-one of the nurses accepted her invitation and spent a few hours in a very interesting and profitable manner. Miss Lillian Wald, head worker of the settlement, told them of the work that the nurses of the settlement are doing. Miss Hitchcock showed them the dispensary, and different homes which are fitted up as clubrooms, gymnasiums and kindergartens for the poor of the community.

Thursday afternoon, August 27, organization was effected under the name of "The National Association of Colored Graduate Nurses," with the following officers installed by Miss C. Beatty of Lincoln Hospital, New York City: president, Martha M. Franklin, 217 Dixwell Ave., New Haven, Conn.; first vice-president, Viola V. Symons, Mt. Vernon, Ohio; second vice-president, Edith M. Carter, New York, N. Y.; recording secretary, Mary F. Clarke, Richmond, Va.; corresponding secretary, L. Viola Ford, Charleston, S. C.; treasurer, Adah B. Samuels, New York, N. Y.

Many physicians, not on the regular program, delivered short addresses, which greatly inspired the members in this their first effort of combining and forming a foundation for a greater work.

The convention adjourned Thursday afternoon to meet the last Tuesday in August, 1909, in Boston, Mass., all feeling that their higher ideal was accomplished.

The program was as follows:

Tuesday, 10 A. M. Invocation, Rev. Wm. H. Brooks. Address of Welcome, Adah B. Samuel, New York City. Response, Martha M. Franklin, New Haven, Conn. Appointment of temporary officers. Colored Visiting Nurses' Association of Philadelphia, Octavia Wilson, Philadelphia, Pa.

Tuesday, 2 P. M. The Nurse Herself, Dr. George C. Hall, Chicago, Ill. The Demands for Nurses and Their Qualifications, Dr. R. F. Boyd, Nashville Tenn. Practical Points in Nursing, Dr. E. P. Roberts, New York City.

Wednesday, 10 A. M. Settlement Work in New York, Edith M. Carter. Community Nursing on St. Helena's Island, L. Viola Ford, Charlestown, S. C.

District Nursing in London, England, Mittie White, Augusta, Ga. Question box.

Wednesday, 2 P. M. Address, by President of Lincoln Hospital Alumnae Association. Advancement of the Profession, Miss S. E. Poole. Obstetrical Nursing, Mrs. R. L. Williams. Professional Etiquette, Miss A. L. Marin.

Thursday, 10 A. M. Invocation, Rev. John W. Johnson. Private Nursing in Washington, D. C., Myntha C. Hankins. Septicæmia, Mary E. Merrit, Leavenworth, Kan. Is Trained Nursing a Necessity? Cora M. Garner, Kansas City, Kan.

Thursday, 2 P. M. Business session.

ROCHESTER, N. Y.—The Alumnae Association of the Rochester City Hospital, held its annual meeting October 13, at which the following officers were elected for the ensuing year: president, Marie T. Phelan; first vice-president, Harriet Glidden; second vice-president, Helene Hascott; treasurer, Marjorie Austin; recording secretary, Katherine Kimmich; corresponding secretary, Carlotta M. Herman. Mary E. May was elected a member of the Advisory Committee to succeed Harriet Glidden.

Delegates to the state convention at Buffalo were appointed, also to the Rochester City Federation of Women's Clubs, of which the association is now a member. The meeting was followed by the usual social hour. Refreshments were served, the tea used being the gift of one of the members recently returned from the Philippines.

PERSONALS

ALMA WOOD and Allie E. Butler of Evansville, Indiana, attended the Indiana state meeting as delegates.

HELEN DRAPER, secretary of the Lakeside Alumnae, Cleveland, was sent as delegate to the Ohio state meeting.

MOLLIE HANSEN, class of 1908, Lakeside Hospital, Chicago, has accepted a hospital position in Flandreau, South Dakota.

LORA THOMAS has accepted the position as head nurse of the Prairie du Chien Hospital, at Prairie du Chien, Wisconsin.

MADELINE SMITH, St. Luke's, Chicago, has taken charge of the infirmary at the Adirondack Cottage Sanitarium, Trudeau, N. Y.

FLORENCE N. E. LEVENSALER, a graduate of the Boston City Hospital, is now in charge of the Diphtheria Hospital, Cambridge, Mass.

MAUD LANGSTON, Presbyterian Hospital, Chicago, 1907, has been placed in charge of the operating rooms of St. Peter's Hospital, Helena, Mont.

ANNA MARION BEADLE, R.N., takes Miss Hibbard's place as superintendent of Leonard Hospital, Troy, N. Y. Miss Beadle has been Miss Hibbard's assistant.

FROM a number of candidates, Flora Moore was selected by the school board of Orange, New Jersey, to coöperate with Julia Bronis as visiting school nurse.

DOROTHY MOTT, formerly at St. Joseph's Hospital, St. Paul, has accepted the position of superintendent of nurses at St. Michael's Hospital, Grand Fork, North Dakota.

CHOKO SUMO, the Japanese Red Cross nurse who is taking graduate work in this country, is devoting some time to certain subjects in the Hospital Economics course.

ETHEL O. BROADIE, a graduate of Laconia Hospital, Laconia, New Hampshire, has accepted the position of head nurse in the Portsmouth Hospital, Portsmouth, N. H.

IDA A. NUTTER, R.N., has resigned her position as superintendent of Laconia Hospital, Laconia, New Hampshire, after six years of service, and will rest before taking up new work.

EURETTA P. KINGSBURY, Lakeside Hospital, Cleveland, and New York Lying-in Hospital, has recently been placed in charge of the Maternity Department, Presbyterian Hospital, Chicago.

ANNA E. LAUGHLIN, former clinic nurse of Jefferson Medical College Hospital, Philadelphia, has accepted the position of directress of the training school for nurses in the same institution.

MARY E. WELCH, class of 1907, has been appointed assistant to the superintendent of nurses, Jackson Sanatorium Training School for Nurses, with special charge of the department of hydrotherapy.

FLORENCE E. PAGE, class of 1908, Jackson Sanatorium Training School for Nurses, Dansville, N. Y., has been appointed night supervisor at the New York Infirmary for Women and Children, New York City.

FLORENCE BURT, graduate of the Illinois Training School, for five years superintendent of the Presbyterian Hospital, Waterloo, Iowa, has accepted a position on the staff of the Presbyterian Hospital, Chicago.

THE many nurses who have known Miss Sly as interstate secretary, and now as secretary of the Associated Alumnae as well, will be sorry to hear that she has been ill for some weeks and is not as yet much improved.

KATHERINE ZUBER, superintendent of the Mary Jane Gilbert Memorial Hospital, Evansville, Indiana, has returned from a three months' tour of Europe, where she visited many hospitals, spending most of her time in Germany.

MISS E. DECHANTE, of the University of Pennsylvania, is now supervising nurse at the Overlook Hospital, Summit, New Jersey. A training school is about to be formed in connection with this institution in which she will take part.

MISS GOODRICH went out to Tiffin, Ohio, recently on the invitation of Miss Annie Laws, president of the Ohio State Federation of Women's Clubs, to speak on the relation of the new department at Columbia to the home and family.

GOVERNOR BUCHTEL, of Colorado, recognized the State Board of Nurse Examiners by asking Louie Croft Boyd to act as one of the delegates from Colorado at the International Congress on Tuberculosis. Miss Boyd is in New York, taking the course in Hospital Economics.

ELIZABETH WRIGHT, Royal Victoria Hospital, Montreal, and Eda Offerman, Columbus, have recently been appointed to positions in the operating rooms of the Presbyterian Hospital, Chicago, and Miss E. M. Craig, Royal Victoria Hospital, to a headnurseship of one of the private floors in the new pavilion.

JESSIE M. JONES, class of 1906, Protestant Episcopal Hospital, Philadelphia, who has been night supervisor for the past year, has succeeded Margaret L. Dimm as one of the assistants to the chief nurse, with the duties of hospital housekeeper. Hester Thomas, class of 1907, who has had charge of the Receiving Building, has succeeded Miss Jones as night supervisor, Ada Fraelich, class of 1908, taking charge of the Receiving Building. Irene Ramage, class of 1906, who has had charge of Harrison Memorial Home for the past two years, has resigned to take up private nursing. Margaret MacCulley, class of 1896, has been appointed superintendent of the American Hospital, Havana, Cuba, and has as her assistants Mary E. Goode and Emily W. Lomax, class of 1908.

ANTOINETTE KNAPP has returned from Germany where she spent the summer with relatives, and will resume private work in Orange, New Jersey. Miss Norris, a graduate of the General Hospital, Paterson, has left Orange, where she has nursed for some years, to take up private duty in Pasadena. Miss Wightman, a graduate of Orange, has been obliged to return to her home in Ireland, where she will remain for some time. Miss Kinney, a graduate of the Orange Memorial Training School, has been appointed head nurse at the new County Isolation Hospital, at Belleville, New Jersey. Beulah Overholzer, Orange Memorial Hospital, has accepted the position of district nurse in New Brunswick, where the work is in its infancy and will doubtless benefit by the experience Miss Overholzer has gained in the Visiting Nurse Settlement in Orange. During part of the summer she was in charge of the tuberculosis camp for crippled children at Bradley Beach, in connection with the Orange Fresh Air Work. Kate Baker, class of 1896, Orange Training School, is about to leave Orange, where she has worked for so long, to take up nursing in Honolulu. Lottie Layton finds her work in Manila so attractive and has met with such marked success during her year of instruction, that she has signed an agreement to remain four years longer.

BIRTHS

IN October, a son to Dr. and Mrs. John Phillips. Mrs. Phillips was Cordelia Sudderth, class of 1904, Lakeside Hospital, Cleveland, Ohio.

ON September 17, at Pittsburgh, a son to Dr. and Mrs. William A. Wycoff. Mrs. Wycoff was Miss McMullen, class of 1901, Western Pennsylvania Hospital.

ON September 17, at Buffalo, N. Y., a daughter to Mr. and Mrs. A. F. Upper. Mrs. Upper was Miss McCready, class of 1907, Western Pennsylvania Hospital.

ON September 27, a daughter to Reverend and Mrs. Starwaldt, Mulberry, Indiana. Mrs. Starwaldt was Caroline Deutzer, class of 1903, Passavant Hospital, Chicago.

ON September 28, at the Homeopathic Hospital, Rochester, N. Y., a daughter to Mr. and Mrs. George Eddy. Mrs. Eddy is a graduate of Faxon Hospital, Utica, class of 1902.

ON September 6, at Westminster, Mass., a daughter to Mr. and Mrs. F. G. Parcher. Mrs. Parcher was Miss Perkins, class of 1904, New York Infirmary for Women and Children.

MARRIAGES.

IN September, Austa White, class of 1904, Lakeside Hospital, Cleveland, to Herbert Engel.

ARENA HUNCHE, of Evansville, Indiana, to Lawrence Oucley. They will live in Evansville.

IN August, Leah Fish, class of 1906, Presbyterian Hospital, Chicago, to F. H. Hayden, M.D.

IN August, Marabelle Baldwin, class of 1908, Presbyterian Hospital, Chicago, to E. S. Evans, M.D.

IN September, Florence I. Moorehead, class of 1904, Lakeside Hospital, Cleveland, Ohio, to Ralph Waldo Elliot, M.D.

ON September 2, in New York, Louise Robinson, class of 1905, General Protestant Hospital, Ottawa, to Harry Swan of Ottawa.

ON September 30, at Manson, North Carolina, Ada Beardsley, to William Andrew Wallace, M.D. They will live at Spartansburg, South Carolina.

ON September 23, Jean B. Crosser, class of 1904, Western Pennsylvania Hospital, to Frank Boyde Theakston. They will live at Brownsville, Pa.

ON September 9, at Butler, Pa., Eleanor Hayes, class of 1905, Western Pennsylvania Hospital, to James N. Stanton, M.D. They will live in Pittsburgh.

ON September 9, at La Porte, Indiana, Grace E. Ward, class of 1899, Illinois Training School, to Joseph L. Johanni. They will live at Union Centre, Indiana.

ON October 6, Ruth Baker, class of 1904, Orange Training School for Nurses, to Edwin Shepherd Hulse of Long Island, where they will live for the present.

ON September 25, at Berlin, Ontario, Lena M. Staufer, class of 1904, Passavant Hospital, Chicago, to Mr. Brubacher. They will live at Breslau Road, Canada.

ON July 28, Myra Jones, for several years one of the assistants to the superintendent of nurses, Presbyterian Hospital, Chicago, to D. J. Davis, M.D. They will live in Chicago.

ON September 22, at Somerville, Mass., Lillian Hall MacCallum, class of 1903, Massachusetts General Hospital, to Carroll H. Ricker, M.D. They will live at Block Island, Rhode Island.

ON September 3, at Port Royal, Pa., Margaret Louisa Dimm, class of 1905, Protestant Episcopal Hospital, Philadelphia, to Jesse Eugene Mateer. They will live at Wilkinsburg, Pa.

IN April, at Pullman, Washington, Sara Kate Philp, R.N., class of 1902, New York Infirmary for Women and Children, to Rev. Willard H. Roots. They will live at Pullman, Washington.

ON July 6, at Asacog House, Brooklyn, Selma Florence Tyler, R.N., class of 1905, New York Infirmary for Women and Children, to Henry Fergusen Sheppard, M.D. They will live at South Shields, England.

ON July 30, at Clairmont, Jamaica, West Indies, Sara L. Parmther, R.N., class of 1905, New York Infirmary for Women and Children, to Hon. John Robertson Watson. They will live at The Oaks, Morant Bay, Jamaica, West Indies.

DEATHS.

ON August 3, at her home in Phillipsburg, Pa., after a long illness, most bravely borne, Margaret Perry, class of 1904, Orange Training School.

MAY RAFFERTY, a graduate of St. Mary's Hospital, Detroit, and a member of the alumnae association of the school, died recently. She was faithful to her profession and gave diligent, gentle, and sympathetic attention to the suffering who came under her care. She was esteemed by all who knew her, and her associates feel that they have lost a valued and honored member of their society.

AFTER an illness of but one day, Mrs. Ralph C. Wiggin died recently at the Massachusetts Homeopathic Hospital, Boston, where she had been taken for an operation for appendicitis. Mrs. Wiggin was Alice Munroe Harrington, of Lexington, and a graduate of the Homeopathic Hospital. She was married to Dr. Wiggin but four months ago. Her sudden death is a great shock to her old associates.

ON September 23, at the Brattleboro Memorial Hospital, Vermont, Mrs. Sara Reeves Langstrom, graduate of Lynn Hospital, Lynn, Massachusetts, after an illness of many months borne with great fortitude.

For two years Mrs. Langstrom was a missionary nurse in Alaska for the Episcopal Church. The hardships she endured there brought on an acute nephritis with almost total blindness. Late in 1907, she sailed from Seattle for Panama and was sufficiently benefited by the voyage to travel to Philadelphia. While there she spoke of her work in Alaska to the alumnae of the University of Pennsylvania training school and to the Graduate Nurses' Club. Her death will be a shock to her numerous friends, among them many Spanish-American War nurses. Mrs. Langstrom had a noble character, was devoted to her profession, was gifted with personal magnetism, and had a kind word and good cheer for every one. She was buried at Lynn on September 25.

HOSPITAL AND TRAINING-SCHOOL NOTES



THE new nurses' home in Claremont, N. H., in connection with the General Hospital, was dedicated with suitable exercises on August 21.

THE graduating exercises of the class of 1908 of the New York City Training School for Nurses were held on October 17 at the nurses' home on Blackwell's Island.

THE Washington University Hospital, St. Louis, Mo., graduated its first class of nurses, five in number, on June 11. K. A. Weber, Mary A. Lannigan, Jennette A. Anderson, Ora Wright, and Ruby Reely were the graduates.

THE Graduate Nurses' Registry of Evansville, Indiana, organized on April 1 of this year, has been very successful. There are over fifty names on the registry and not only trained nurses, but practical nurses and those giving massage may register, thus centralizing all calls. The doctors and patients have shown their appreciation of the convenience of a central place for all such service by increased patronage.

THE report of the Antituberculosis League of Cleveland is issued in a handsome booklet with illustrations. A chart at the beginning shows the different charities and organizations in the city which are helping the work and each other. One interesting feature of the work there is the children's tent colony, where this past summer twelve tents sheltered twenty tuberculous children and their care-takers.

A REPORT is at hand of the Rome, N. Y., Hospital and Training School. It has good illustrations which give the impression of an excellently equipped institution. The hospital accommodates, we judge, about twenty-five patients, of all classes of illness. It had not sufficient room for all who applied during part of the year. The nurses' quarters have been made more adequate and the number of pupils can now be increased to fourteen.

THE graduating exercises of the Jackson Sanatorium Training School for Nurses, Dansville, New York, were held on the fiftieth anniversary of the founding of the institution, October first, at seven P. M. An address was given by Dr. Ward, president of Wells College, Aurora, New York. After the administration of oath, diplomas were presented to Estelle Parrott, Ethel G. MacEdward, Marian C. Mason, Marie Paterson, Florence E. Page and Bessie M. Van Wagenen.

A REPORT of the tuberculosis work of Bellevue Hospital and Dispensary, illustrated, gives an excellent idea of the work done in the dispensary, the tuberculosis clinic, the children's clinic, and the day camp on the abandoned ferry boat. At the present time four graduate nurses are employed in the tuberculosis department of the dispensary with one pupil nurse, each having six weeks of the training. On the boat is one nurse with a corps of assistants. A large number of needy cases are reached.

A REPRINT from the *Archives of Pediatrics* gives an address by Dr. Gerstenberger of Cleveland on "The Modern Babies' Dispensary." It is a comprehensive survey of the dispensaries for babies here and abroad, showing the distinct difference in usefulness between those in which a nurse dispenses clean milk made up by stock formulæ and those in which there is careful scientific study of babies, sick and well, with a primary effort to establish and continue breast feeding. Every one working in these lines or interested in them should read this pamphlet.

THE first annual commencement of the Hackley Hospital Training School for Nurses was held at the Women's Club Building, Muskegon, Michigan, on the evening of September 16. Two nurses were graduated, Anna A. Ewing, Lansing, Mich., and Sylvia M. Erb, North Branch, Mich.

The addresses to the nurses were made by the Rev. A. Hadden and Dr. John VanderLaan and by Miss Linda Richards, superintendent of nurses, Michigan Asylum for the Insane, Kalamazoo, who also administered the modified Hippocratic oath to the graduating class. The exercises were followed by a reception and dancing.

PLANS are being prepared for a new nurses' home and training school for nurses, to be erected on the grounds of the Kings County Hospital, Brooklyn. The building will be five stories high, and will be constructed of red brick, with limestone and terracotta trimmings. On the first floor will be the quarters of the superintendent, a library, demonstration classrooms, study rooms, a lecture hall, two reception rooms, the nurses' dining room, and several bedrooms. The second, third and fourth floors will be occupied by bedrooms, and on the fifth floor will be a gymnasium and a sun parlor.

THE graduating exercises of the St. Agnes Hospital Training School for Nurses, Philadelphia, were held in the study hall of the hospital, September 24. The program was opened with a prayer and address by the Rev. G. J. Nusstein, C.ss.R. Diplomas were conferred by Dr. A. O. J. Kelly, chairman of the training-school committee. Medals were presented by Sister M. Borromeo, O.S.F., Superior of the hospital. The graduates were: Sister M. Doretta, O.S.F.; Helen A. MacFellely, Camden, N. J.; Marie P. Connolly, Towanda; Mary A. Kelly, Philadelphia; James W. McMonagle, Philadelphia; Anna E. Wolford, Hanover; Rose A. Dorrian, Philadelphia.

AN announcement is received of the School for Nurses of Parker Memorial Hospital, connected with the University of Missouri at Columbia, in that state. The hospital has a capacity of forty-five beds and receives all cases except contagious. The training school has the advantage of the corps of medical lecturers from the University and the use of its library and laboratories. The course is three years and covers the usual ground. That which is unusual is set forth in the paragraph which states: "A candidate who shows satisfactory evidence of work successfully completed elsewhere may receive credit for the time thus spent. She must have had education equivalent to that gained in a high school, and must have taken training in a reputable school for nurses. She must also show a letter from that school stating that she gave up her work in an honorable way and had a good record during her residence there." With these safeguards the experiment seems a perfectly fair one. It sometimes happens that for some perfectly legitimate reason a nurse is obliged to give up her training for a time, and there may also be a good reason why she cannot return to her former school. For such, this is an opportunity seldom found.

THE graduating exercises of the head nurse class of the training school for nurses connected with Passavant Hospital, Jacksonville, Ill., were held on Tuesday evening, September 15, at the hospital.

The administrative part of the building, consisting of lecture room, offices, superintendent's room and nurses' sitting room, were thrown together and were decorated with a large flag prettily draped in the lecture room and quantities of fall flowers. The rooms were well filled with the friends of the hospital and school who spent a very pleasant social evening. Fruit punch and wafers were served.

Dr. C. E. Black, dean of the training school, after a few well-chosen words of encouragement and advice presented the diplomas, after which Alice I. Twitchell, superintendent of the hospital and training school pinned on the medals.

The graduating class numbered but five members as it had been an unfortunate one in having lost several members, one married, some were dropped for cause and others left for various reasons.

The senior class numbers eleven and the junior class will have that number when filled. The outgoing class is the last one to receive but two years' training, the term having been extended last fall to the three years required by the Illinois state law.



PRACTICAL SUGGESTIONS



TREATMENT OF TYPHOID HEMORRHAGE

BEING a constant reader of the JOURNAL, I have noticed many interesting articles written upon typhoid fever, disinfection of stools, bed linen, etc. No one has given her experience of the use of ice, either as a means of reducing temperature or applied externally to stop hemorrhage. Of course all nurses know the ice-cap to the head is an old standing remedy and nearly always a standing order. The ice-cap to the abdomen is an entirely different proposition.

I wonder if any of my sister nurses have had my experience with a case of ice-bag gangrene of the abdomen.

This patient, a woman aged fifty-two, weighing two hundred pounds, had had change of life seven years before. Of course the blood-pressure was heavy from this cause, and this partly accounts for the gangrene, all blood-vessels being congested. When I was called to the patient, she had just come from a very malarial climate and had been feeling very ill for three weeks, but tried to keep up and attend to household duties. At the beginning of the fourth week, she became so ill she had to go to bed. Her temperature did not range higher than 102°; pulse 72, 60, 52, 48, nearly all the time until the fifth week, when suddenly her pulse ran up to 128 and 130. Twelve hours after, while the patient was resting quietly, a severe hemorrhage came with such force as to go through the sheet and strike the wall, spattering the floor. Drugs, hypodermatically, had been ordered by the physician, and were given quickly, all sterile, needle perfectly sterile, skin thoroughly cleansed. Each hypodermic caused an abscess, or sloughing. I tried four methods of giving them and all acted the same. There was no absorption.

When hypodermics do not act in a case of hemorrhage in typhoid, then a nurse is at her wits' end, so many physicians object to rectal treatment in cases of hemorrhage.

The patient vomited blood by mouth, ten ounces to one pint at a time, so could not take anything by mouth. Nausea was very great. The only things that did stop bleeding were the ice-bag and high saline flush. The high flush seems to be against the usual treatment, still in this case it acted admirably. This patient had seventeen large hemorrhages, the odor so bad that one could hardly stay in the room. One can

readily understand how much the ice-bag had to be used. In spite of its use, gangrene set in and the abdominal wall sloughed out. Oh! but I was frightened for fear of peritonitis, but no complications set in, and the patient lives to tell the tale of her wonderful recovery, with hardly a scar visible.

Had this patient not had a marked idiosyncrasy against spts. turpentine in all probability there would have been no use of ice, but she simply could not take turpentine or have it administered in any form. For the benefit of those nurses who sometimes have to act in emergency here is an almost sure, simple remedy for stopping hemorrhage in typhoid: $\mathfrak{Z}\text{vi}$ or $\mathfrak{Z}\text{viii}$ tepid sterile water; $\mathfrak{Z}\text{i}$ spts. turpentine; 1 yolk egg, no white. Mix all together and let flow slowly through the syringe, using the small rectal nozzle. Take a towel, and use pressure to the rectum for five or ten minutes. It is so simple and its action wonderful.

I hope these few lines will help some of my sister nurses.

M. F.

Graduate Charity Hospital, New Orleans.



DISTINCTION BETWEEN HYSTERIA, NEURASTHENIA, HYPOCHONDRIA AND SIMULATION.—At a meeting of the Michigan State Medical Society, as reported in the *Journal of the American Medical Association*, Dr. Carl D. Camp, Ann Arbor, called attention to the liability of confusing these conditions and to the means of differentiating them. In hysteria there were the so-called accidents, which were transient phenomena—*e.g.*, paralysis, convulsions, emotional outbursts, etc.—and the stigmata, which were permanent manifestations—*e.g.*, concentric contraction of the visual fields, reversal of the color fields, anæsthesia of conjunctiva, pharynx or skin (not corresponding to nerve distribution), mental characteristics, etc. In neurasthenia there was always history of a mental or physical strain too great for its victim's organism to endure; the patient was fatigued in body and mind, had fatigue pains (as backache), lack of mental concentration, loss of memory, irritability and increased reflexes. There were no manifestations like the accidents or stigmata of hysteria. In hypochondria the patient believed he was ill when he was not; he attributed to himself symptoms that he had seen, heard or read about, but had no signs of hysteria or neurasthenia. In simulation, the patient had some ulterior purpose and was rarely able to carry out a well-feigned series of consistent manifestations.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

ESSENTIALS OF DIETETICS IN HEALTH AND DISEASE. A Text-Book for Nurses and a Practical Dietary Guide for the Household. By Amy Elizabeth Pope, Author with Anna Caroline Maxwell, of "Practical Nursing," and Instructor in the Presbyterian Hospital School of Nursing; Instructor in Dietetics in the Schools of Nursing of the New York Hospital, Mt. Sinai Hospital and the Smith Infirmary, Staten Island; and Mary L. Carpenter, Director of Domestic Science of the Public Schools, Saratoga Springs, New York. G. P. Putnam's Sons, New York and London. The Knickerbocker Press.

Those who know the earlier work of Miss Pope will anticipate in this, her latest effort, something really unusual, and well worth investigating.

The present work compares most favorably with the earlier, and forms a valuable addition to the text-books and manuals already in use in the nursing schools throughout the country. Besides being adapted to the use of nurses the authors have kept in mind the need for a useful dietary guide in the home, and also with a view to attracting the attention of the general public they have kept the book strictly to the essentials of the subject without going so deeply into chemistry or kindred sciences which are apt to scare the lay reader.

The Chapters I and II treat of food; its uses; composition and classification; and of the digestion and absorption of food, Chapter I being illustrated by simple chemical demonstrations calculated to attract and hold the attention of the reader or pupil. Chapter II gives a table of the digestive fluids with their enzymes or active principles and the action of the same. There are also tables giving the length of time required for gastric digestion, and of the comparative quantity of food principles absorbed in the various classes, *viz.*, protein, fat and carbohydrates.

In Chapter III we come to the foods themselves, beginning with milk and its derivatives and continuing through the subsequent chapters with eggs, fish, meat, and plant foods, until in Chapter VIII we come to dietaries. This chapter deals with food values in regard to the amount

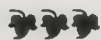
of heat and energy it produces in the human body; the method of planning menus which shall furnish the requisite amount of heat and energy, and keep the whole complicated system evenly balanced and in perfect working order. Chapter IX treats of the feeding of infants; and Chapter X gives a list of dietaries suited to particular diseases. There follows a chapter on the miscellaneous subjects relating to measuring, combining ingredients, utensils, methods of cooking, adulterations of food, etc., which brings us to the end of the first part of the book—the entire second part is composed of recipes suitable for use in sickness.

Perhaps it may seem ludicrous to look for style in a text-book on dietetics but the fact remains that the book possesses a literary excellence of distinctly educational value and tending to make its reading as much for pleasure as for profit. There is a happy preservation of the balance of form and content; the book is charming reading yet no necessary fact is omitted, nor is it spoiled by masses of unessential and miscellaneous detail. The common sense of the recipes is particularly commendable; they supply all that is necessary of variety in nourishment, but there is no temptation for the nurse to change places with the chef; the mission of the book is to nourish the invalid, not to cater to the glutton or the epicure.

A SHORT PRACTICE OF MIDWIFERY FOR NURSES, As used in the Rotunda Hospital, Dublin, for the past ten years. By Henry Jellet, B.A., M.D., F.R.C.P.I., Gynæcologist and Obstetrical Physician Dr. Steevens' Hospital; ex-Assistant Master Rotunda Hospital; Censor and Examiner in Midwifery, Royal College of Physicians, Ireland, etc. Third Edition. London: I. & A. Churchill, 7 Great Marlborough St. Philadelphia: P. Blakiston's Son & Co.

An earlier edition of this book was reviewed in this JOURNAL two years ago. The present edition shows a tendency to come nearer to the nurses' point of view than the unrevised but there is still a great deal to be taken into account because of the special license for practice of midwifery in Great Britain. The nurse in this country is answerable to the physician in charge—in the old country there may not be a physician and the nurse in the case is answerable to the "Central Midwives' Board," which seems to concern itself more with the keeping of certain official regulations of its own, than with the character of the nursing as we understand it. There is so decided a difference in the standing of the British Midwife and the American nurse that the text-books of the former are only valuable to us as a means of reference and comparison.

CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR THE
MONTH ENDING OCTOBER 13, 1908

BECHTLE, CARRIE, on duty at the General Hospital, Presidio of San Francisco, has successfully passed the examinations for promotion to the grade of chief nurse.

DALY, ANNIE A., transferred from Fort Bayard, New Mexico, to General Hospital, Presidio of San Francisco, Cal.

LATIMER, JUNIA HATTIE, recently arrived in the Philippines, assigned to duty at the Division Hospital, Manila.

McKALLIP, ELSIE M., recently arrived in the Philippines, assigned to duty at the Division Hospital, Manila.

MILLIKEN, SAYRES LOUISE, graduate of the Homeopathic Hospital, Pittsburgh, Pa., 1899, and for some years in charge of Dr. Hartigan's Sanitarium, Morgantown, West Virginia, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

MOORE, MARGARET, transferred from Division Hospital, Manila, P. I., to the United States; assigned to duty at the General Hospital, Presidio of San Francisco.

PURCELL, BERTHA, transferred from General Hospital, Presidio of San Francisco, to the General Hospital, Fort Bayard, New Mexico.

SHAW, EDITH MAY, temporarily appointed acting chief nurse, Division Hospital, Manila, P. I., has successfully passed the examinations for promotion to the grade of chief nurse.



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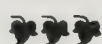
THE AMERICAN JOURNAL OF NURSING

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DECEMBER, 1908

NO. 3

EDITORIAL COMMENT



WHAT CHRISTMAS MAY MEAN TO US ALL

THE Christmas season this year seems to bring with it promise of greater prosperity to us as a nation. We have once more been through the upheaval of a presidential election and once more have reason to believe that our government is in judicious hands. In some of our states the issue has been one for honesty, higher standards, righteousness and decency. To show the significance of such issues, we cannot do better than to quote from one of President Roosevelt's wise utterances made during the past year in which he says:

"On behalf of all our people, on behalf no less of the honest man of means than of the honest man who earns each day's livelihood by that day's sweat of his brow, it is necessary to insist upon honesty in business and politics alike, in all walks of life, in big things and in little things; upon just and fair dealing as between man and man. . . . In the work we of this generation are in there is, thanks be to the Almighty, no danger of bloodshed and no use for the sword; but there is grave need of those stern qualities shown alike by the men of the North and the men of the South in the dark days when each valiantly battled for the light as it was given each to see the light. This spirit should be our spirit, as we strive to bring nearer the day when greed and trickery and cunning shall be trampled under feet by those who fight for the righteousness that exalteth a nation."

Those of our subscribers who are regular readers of *The Outlook* will pardon us for using as our Christmas message a few lines from Dr. Lyman Abbott which appeared recently, which carry on this thought.

"All men are seeking happiness; but they do not understand the secret of happiness. It does not depend on our conditions or our possessions, but on our character; not on what we have or where we are,

but on what we are. The way to enjoy the world is not, Get all you can and keep all you get, but, Give good measure, pressed down and running over, for with what measure you mete men will measure to you again. The way to enjoy the world is to give yourself unselfishly to the service of your fellowmen, and take as a free inheritance what life brings to you; it is the meek who inherit the earth. . . . The way to please God is not by sacrificing oxen and doves to him in the Temple, but by sacrificing your own inclinations that you may better serve His children in their need. The heretic who goes after the robbed and wounded traveller is more religious than the priest or the Levite who hurries by to the Temple service. In the last great day God will not ask, What church did you attend? or, What creed did you subscribe to? but, Did you feed the hungry and visit the sick and the imprisoned? Service is the end of life and the test of character, and he that is ambitious to be great, let him be the servant of all."

These words, coming from two of our great leaders apply to each of us individually and are commended to the consideration of our readers with the JOURNAL'S Christmas greetings.

A CHRISTMAS GIFT SUGGESTION

WE want to suggest to those of our readers who may find it difficult to decide upon a Christmas gift for a woman friend, whether a nurse or not, that she send a year's subscription to the JOURNAL; and if she should be in doubt as to the best gift for a child, whether boy or girl, between four and fourteen, she could not make a mistake in sending a subscription to *St. Nicholas*, which has an exceptionally attractive prospectus for the coming year. In fact, there is no more acceptable present in these days than a subscription to any one of the standard magazines. They can be selected to meet the intellectual capacity of almost every class of people. These suggestions are especially applicable to those nurses who are shut in at Christmas time or at a distance from the shopping centres.

A SUGGESTIVE PLAN FOR REORGANIZATION

As the time approaches for the preparation of the program of our two great national gatherings, the date of both having been fixed for the week beginning June 6, we want again to press upon the attention of the committees having this work in hand, the consideration of some

plan for the reorganization and concentration of our national bodies. The work of the secretary in both the Superintendents' Society and the Associated Alumnae is coming to be too great a task for voluntary workers. We have multiplied our organizations since the formation of both of these societies by the addition of county and state associations. The attendance upon meetings, both local and national, with the accompanying financial obligations, is fast becoming a burden. A cry is coming from every section that nurses are called upon to attend too many meetings, and to pay out too much of their hard earned money in travelling expenses, fees, dues, and subscriptions.

We have suggested before, and we reiterate, that we believe the interests of the profession would be better served if we could have a week each year given over to the meetings of our national organizations, to be known as the federation meeting or by whatever name might be agreed upon, with one president for the whole, and with chairmen for the separate affiliated organizations, with one general secretary, who should be a permanent and paid official, giving her entire time to this central organization. Into this week of meetings, interspersed with the general sessions, could be arranged section meetings: one on nursing education, for the teaching body, superintendents and head nurses; one on state board work for members of boards, examiners and inspectors; one on registration for those who have not yet secured laws; one on social work for those engaged in visiting, school, tuberculosis or dispensary work; others on private duty, Red Cross, etc. This would conserve time, energy and money, would bring together all the groups of workers, give opportunity for freer discussions, make the social side, if anything, more interesting, and to the visiting city or state make the meeting vastly more valuable. In other words, has the time not come when we should reorganize somewhat after the form of the American Medical Association?

This would mean one constitution, one full annual report, containing all papers and proceedings, one set of officers, and a treasury sufficiently well filled to meet expenses without so great a tax on the individual member, while those who did the actual hard work could receive some compensation.

We have passed that period of our development when we may be said to have been creeping, and we should now bring the force of our experience to bear upon some plan which shall better serve our needs in the future.

By such a plan no one organization would be subordinated, each one would have its distinct and important place, and the work of each

separate section would be broadened and the benefits more widely distributed by the attendance of the other classes of workers who can now perhaps attend one meeting in several years.

In connection with the national convention, the state in which it is being held could, during the same week, and at the same time, hold its annual meeting, all of its members attending having the benefit of the national and at practically the same cost, as was done in California last year.

This is a subject on which we should like to have a very general discussion in our pages. Let us hear from those who approve as well as those who disapprove, let us have suggestions for a better way, if any has it to offer. If everybody is satisfied with the present arrangement, let us know that also, so that the oft-repeated excuse that our organization life is too complicated may be refuted.

[We did not attend the Toronto meeting, and we had written the above before reading Dr. Goldwater's address, delivered there, which makes similar suggestions for the reorganization of the American Hospital Association.]

PROBLEMS OF PRIVATE DUTY NURSES

IN our last number we published a letter from Miss Louie Croft Boyd, of Denver, in which she discussed the subject of the sliding scale. Miss Boyd has expressed in this letter the personal sentiments of the editor-in-chief. We have in our hands papers relating to this subject read at the San Francisco meeting, written by Mrs. Reba Thelin Foster and Miss Grace Holmes, taking different views of the matter. We propose to publish these two papers in the next number of the JOURNAL and we hope they may give rise to a very active discussion of this most important subject. Every nurse who has an opinion is invited to express it. It is a question concerning the private duty nurses, it cannot be settled by the teaching body, by hospitals, or by directories. It should be included in every alumnæ and organization program during the winter, until we have come to some clear understanding of what the profession needs and moreover what it wants, and how it can more broadly meet the needs of the great middle class. We are drifting away from this subject, which is the most vitally important of all our unsettled problems.

During the winter months we propose to devote the editorial pages and the department of Practical Suggestions very largely to such subjects as concern private duty nurses,—their hours, their pay, criticisms,

just and unjust. We want to hear from our readers individually on these subjects. Those who cannot write for publication, perhaps can pass their ideas on to some one who can, or can send them to us to be used in a general discussion. Our conventions have given us an unusual number of lengthy papers, valuable and instructive. What we need are short pertinent paragraphs that may be classed as practical suggestions.

We do not wish to take up so heavy a subject as nursing education in this Christmas number, but in January we hope to give an outline of the subject as presented at the Toronto meeting.

THE NEW YORK STATE MEETING

THE keynote of the Buffalo meeting of the New York State Nurses' Association was education and social service. We can say with some degree of certainty that there has never before been so large a representation of official delegates and members at any meeting of this association held outside of New York City. The spirit of harmony and cordiality which prevailed made the occasion one of unalloyed pleasure. The absence of Miss Black, chairman of the committee of arrangements, on account of ill health, was the one drawback to the complete carrying out of the program, but her place was ably filled by Dr. Helen Prescott. There was an unusual number of the older women present, with a conspicuous majority of the younger members. We could not help noticing the youthfulness and freshness and appearance of prosperity of both the New York and West Virginia nurses, whom we saw within the same week, as if the cares of life did not weigh heavily upon them, in comparison with members of other bodies of women with whom we are brought in contact frequently, whether political, educational, musical, or philanthropic.

It is impossible to comment on all the papers read, but some of the important ones will appear in these pages later on and will speak for themselves. Each subject was well presented; our only regret is the lack of time for full discussion of a number of the more important matters. This is getting to be a fault in all of our programs, and we wish we might have a convention where there would be only two subjects presented at a session.

We call special attention to the report of the training-school inspector, Miss Alline, which shows the hours of duty of the nurses in our hospitals.

Miss Palmer's paper, which will not be published, dealt principally with the educational side of state registration, and contained some figures of interest. It was shown that a total of 217 training schools, both within and without the state, are registered with the Regents, and that approximately 10,000 pupils are in training in these schools, which is one-half the number given by the National Bureau of Education as being in training in the whole country. When we take into consideration the operation of registration laws in the other eleven states beside New York, we realize that very rapidly the nursing centres of the country are being brought under some degree of educational influence leading to greater uniformity. While we may be disheartened by the difficulties that are impeding our progress in many directions, the fact remains that through education we are gradually lifting ourselves to a higher professional status, and that before the culture that education brings many of the most serious defects within the nursing body will melt away.

Miss Nutting, director of the Hospital Economics Course, spoke extemporaneously of that work, what it has to offer, what it is accomplishing, emphasizing the point that the demand for nurses of broad general culture in addition to their technical training cannot be met at the present time. This same point was emphasized in the address of Dr. James W. Putnam in considering the qualifications needed in nurses caring for patients suffering from nervous diseases.

The impression left upon one's mind by the meeting was that nurses are becoming more and more a force in the many lines of social work developing within the state.

CARE OF ONE'S SELF

THERE are many women in the world who know too much about their physical condition for their own or any one else's comfort. They think of it night and day, their little world revolves about it, their whole life is ordered with that in view. We, as nurses, often see such cases, and, in a spirit of revolt at the possibility of ever becoming so self-centred, we try to forget our physical selves and are sometimes careless of our own well-being. There is danger of going too far on the other side. The good nurse, like the good doctor, should be a living example of good health springing from a wise observance of the laws of health.

One of our correspondents asked us recently whether we could not furnish an article on the care which a nurse should give herself

during the menstrual period. Dr. Marion Craig Potter has promised to write something for us on this subject which will, we know, be welcome. A paper read by Dr. Daniel H. Craig, of Boston, at the last meeting of the American Medical Association on "The Menopause" gives some good suggestions in regard to that period. We all know that as, during infancy, all ills are ascribed to teething, so during the ten or fifteen years of a woman's middle life, all nervous or physical disorders are commonly set down to "change of life."

Dr. Craig writes encouragingly of the menopause as a perfectly normal process which, in a well woman, should produce no particular discomfort or ill feelings. Women who are normal should regard this time of life without apprehension. Those who are not well, should give particular attention to any trouble that arises, giving it care and not referring it to this process as an explanation and so letting some disease gain dangerous headway. He thinks both patients and physicians are too apt to let this explanation blind them to the true cause of suffering.

For a person normally constructed there need be no laying aside of work, no prolonged period of inactivity.

The whole address is worth reading and those who have access to medical literature will find it in the *Journal of the American Medical Association* for October 31.

A NEW MOVEMENT IN INDUSTRIAL EDUCATION

OUR home city of Rochester is to have the first of the so-called trades schools provided for under the Wainwright-Armstrong bill of the New York Legislature last winter. The idea is not, as its name implies, the preparing of boys and girls for the trades, but the provision of a form of education which shall more broadly develop children who leave school at fourteen to become factory operators and to perform mechanically the same kind of monotonous work during practically all their working years.

This is one of the new thoughts in education. The school is to be attended by only such children as voluntarily choose this form of education. There will be one session daily devoted to the usual elementary subjects, with a second session devoted to such work and study as will tend, not only to make a more proficient worker, but to lay the foundation for a broader brain development which shall prevent the child from becoming mentally dwarfed by the monotony of the machine which he operates.

One of the public school buildings will be used for this purpose and the first experiment will be tried with boys, but already the need of such a course for girls is being agitated. We see possibilities in this new idea for a better preparation of girls who are to become nurses.

The board of education in coöperation with the Education Department at Albany is now formulating plans upon which this experiment will be tried as part of the public school system of Rochester.

TUBERCULOSIS MEETING IN NEW YORK

THERE is to be a nurses' session on Tuesday, January 5, in connection with the Tuberculosis Exhibit which is to be in New York during December and part of January. Miss Damer will preside at both sessions, and papers and addresses will be presented by some of our leading tuberculosis workers and others. The program is being arranged by Miss Goodrich and Miss Nutting.

A NEW MAGAZINE

The Quarterly, the new magazine of the Graduate Nurses' Association of the State of Pennsylvania, made its first appearance in time for the state meeting in October. It is attractively put forth, with good paper and type and a cover of a very pretty shade of brown. The contents are what are needed by the Pennsylvania nurses for reference in their state work, the minutes of the last two meetings, the proposed bill for registration, and a list of officers and members with addresses.



“O ye, beneath life's crushing load,
Whose forms are bending low,
Who toil along the climbing way
With painful steps and slow!
Look now, for glad and golden hours
Come swiftly on the wing:
Oh, rest beside the weary road,
And hear the angels sing.”

TUBERCULOSIS AMONG THE INDIANS *

BY LUCY NELSON CARTER

Church Settlement Worker among the Ute Indians, White Rocks, Utah

IN the olden time, when the Indian lived the altogether wild life, out of doors, winter and summer, and fed upon flesh only, he was said to be hearty and strong; as he becomes more civilized, he gets a house, a very poor one, with few windows and probably those two not made to open, he has a stove and as he is not properly clothed, he keeps a hot fire, as long as the wood lasts. He understands neither the importance of ventilation nor how it should be done. They huddle together, ever so many in one room, diseased and well. They are superstitious and afraid of the night, so they cover up their heads to shut out the darkness. Could there be any more favorable conditions for fostering lung diseases? They are just like children, having no judgment; they buy in the stores cheap candy, stale crackers and nuts, feeding upon such things at irregular times instead of having a wholesome meal; their ignorance and immorality must tend to weaken the body, but that was the same in the olden time. No, it comes to me they had not then borrowed the white man's vices, drunkenness, and what follows in its wake.

I heard a physician say when I first came out here to live, that no matter what the disease an Indian had, it always ended in tuberculosis, and in my stay here of eleven years I have noticed the same thing. There have been severe illnesses among the school children, through which they were carefully tended and brought back to convalescence; in every case they died afterwards with tuberculosis.

Their superstition stands them in good stead with regard to a tubercular patient, for any very sick person is isolated in a tent, and after death everything is either buried with the patient, or burned; but at no time do they not get the necessary nourishment, nor any medicine.

The government Indian boarding schools should be the place to train and impress the children so forcibly with facts about physiology and hygiene (with tuberculosis always in mind) that they will carry the knowledge into the camps and through life. In the first place, the school should be in every way hygienic, which is not the case here; in

* Read at the International Congress on Tuberculosis, Washington, D. C., October, 1908.

this school there is not room for the children in the dormitories, if the number required to keep up the school is maintained.

No especial attention, if any, has been given to physiology and hygiene in the school-room, and it should be considered in every department. Even very small children will take an interest in the composition of their bodies, the organs, etc. The government physician should devote a good deal of his time in the school to giving lectures to the older children and making friends with the little ones, so that they would grow to feel his influence and know where to find an adviser in sickness, and be willing to take his advice. If these rules were carried out, it would necessarily make the school healthy, the lack of which has always been the chief grievance with the relations and older Indians against the school, and it must influence the camp Indians to some extent, and the next generation should be wonderfully improved. If the school can be made what it should be, what an influence for good!

There should be a sanitarium for the Indians. The government has buildings here, an abandoned school plant, that could be used with comparatively small expense. When the school children are infected, they must be sent out, where? To the camps, where they have not sufficient nourishment for well children, they linger on and die. They have nothing but very fine air to get well upon; that is not sufficient! Many poor creatures might be saved long suffering and death with a little care and food. There is so much room, acres and acres of it, sunshine and beautiful pure air, and even the buildings and the doctor; just the furnishing, equipment, a nurse, an assistant and a few employees could do it. It was discussed, allowed by the United States government, but seems to have been dropped.

GLASSES AND THEIR CARE

BY CASSIUS D. WESCOTT, M.D.

Lecturer on the Eye, Illinois Training School for Nurses, Chicago, Ill.

No one will venture to deny that glasses are playing a very important rôle in modern civilization, and few things play their parts more acceptably than properly adjusted spectacles. It is difficult to imagine the condition of the modern professional person without glasses, and deprived of them, most people would be unable to read after fifty.

The engravers of old Nineveh, Babylon and Egypt undoubtedly used lenses to aid their vision. Some of their work on engraved gems

and stones could not have been done otherwise, and a lens of about four and a half inches focus was found in the ruins of Nineveh by Sir Austin Henry Layard. The earliest reference in European literature to the use of lenses as an aid to vision is by Roger Bacon, who died in 1292. He used what we now call a reading glass, a large convex lens so mounted as to be held in the hand. Pliny is authority for the oft-repeated statement that Nero used a concave emerald in order to view the games and the combats of the gladiators.

It is not known who first mounted lenses in such a way that they could be retained upon the face, but it is probable that such glasses were first used in Florence, somewhere between 1280 and 1300 A.D. Spectacles were undoubtedly first employed to aid the failing vision of elderly people and were selected empirically. It was not until the year 1600 that the astronomer, Johann Kepler, demonstrated the optical properties of the eye and the rationale of the use of lenses, and not until the middle of the last century did a really scientific method of fitting glasses begin to be evolved. In the past twenty-five years, since the necessity of putting the eyes at rest with cyclopegic drugs before attempting an examination has been fully appreciated, wonderful strides have been made toward accuracy. The masses are beginning to realize the importance of having proper glasses for the relief of eye-strain in its manifold manifestations, as well as aids to vision, but daily observation demonstrates that many who wear glasses do not understand the desirability of caring for them properly.

Spectacles are better for the eyes than eyeglasses, for the reason that it is easier to keep the lenses in perfect adjustment before the eyes in a frame supported by the ears and nose, than in an eyeglass, which is supported upon the nose alone.

Perfect adjustment is necessary in order to get the full benefit of glasses, for the reason that it is only by looking through the centre of a lens, at right angles to its plane, that we can get its full effect. The ideal position for lenses, to be used for distance only, brings the centre of each lens directly in front of the centre of the pupil of the corresponding eye when looking at a distant object on a level with or a little below the level of the eyes. If the glasses are to be used for near work only, the centre of the lenses should be on a line with the centre of the pupils when reading. If the glasses are worn constantly and used for all purposes, the position will be a compromise, the lenses being set a little lower than if used for distance only.

New glasses should not be worn until the frame has been carefully adjusted by an expert, and if after a trial the frame is not comfortable,

it should be adjusted again, as it is not always possible, especially in the case of eyeglasses, to get them just right the first time.

When our glasses are once perfectly adjusted, we should endeavor to handle them so carefully that the frame will not be bent in the slightest degree, and if we meet with an accident which disturbs the relation of the lenses, or if in time the frames get loose or the joints become rickety, they should be put in order again. Many patients who have worn glasses for some time with perfect comfort and the relief of headaches, perhaps, come back complaining of a return of their symptoms, when a careful examination shows no material change in the eyes, but a crooked frame to be the cause of the trouble. Truing up and tightening the frame brings comfort and relief.

Bifocal glasses, so convenient for those who need a different correction for distance and near, require to be even more perfectly adjusted in order to give satisfaction.

Spectacles should be taken off and put on with two hands, if possible, and never folded up or put in a case oftener than is necessary. Every time the temples are folded up, the joints are worn a little, and soon the frame becomes loose and rickety; and no matter how carefully they are handled in putting them in a case, the frame is liable to be bent a little. We should never put glasses down on a hard surface in such a way that the face of the lenses will touch. There is always a little dust on everything, and the high polish of the lenses is soon destroyed and their clearness impaired by so doing. Patients, especially elderly people, who wear strong convex glasses, frequently come complaining that they do not see so well as when fitted with glasses perhaps only a few months before. An examination of their lenses shows that the polish has been literally ground off by putting them on the table or shelf face downward. It is like looking through a piece of ground glass to try to see through them.

The vision of some patients is sometimes improved by the use of a little soap and warm water on their glasses. We should always keep our lenses clean and bright, and it is a good thing to wash them once a day with clean, warm water and dry them carefully with a soft linen cloth. There is nothing better for cleaning lenses than soft, old linen, a discarded handkerchief, napkin or piece of table-cloth. We should never rub our glasses with a dry cloth or piece of paper when they are dusty, if we can first wash them to remove the grit. The reason is obvious. Very hot water should not be used in cleaning glasses for the reason that it may crack the lenses. Repeated use of hot water on cemented bifocal lenses may loosen the segments, and a sharp blow will do the same.

REPORT OF INSPECTION OF NURSE TRAINING SCHOOLS, FOR THE YEAR ENDING JULY 31, 1908 *

By ANNA L. ALLINE, R.N.
New York State Inspector of Training Schools for Nurses

I HAVE the pleasure of again reporting a year of progress in our work.

Improvements have been made all over the state, a little here, and a great deal there, in repairs, alterations and new buildings, both in hospitals and homes. There has been marked improvement in practical and theoretical instruction through closer supervision of practical work, and lecture work being replaced by recitation and demonstration.

The last examination shows that instruction has been more systematic and thorough than heretofore. More hospitals have been able to provide diet kitchen experience; this, with better instruction than has been possible before, has brought the standing of dietetics up one step in the examinations. The lowest on the list now is the care of children.

As to departments for experience there is no lack for surgery; in some schools medical cases are quite limited in number. All schools meet the minimum requirement of six obstetrical cases, but the weakest department of all is the care of children.

Little can be learned of the nature of children and how to soothe and quiet them when the few cases admitted are cared for in the adult wards.

Affiliated relations with hospitals for children seem to offer the best solution of this problem and this plan is being developed more and more, but must be pushed this coming year, as more than one-fourth of the candidates examined failed in this subject.

The educational requirement of one year in the high school which was such a bugbear a year ago has ceased to be alarming. In truth where the demand is strongly made, where the requirement is strictly enforced, it is being met in a most satisfactory manner. Several schools have raised it to a two-year high school course. If the candidate has not had the year in the high school, night schools, private schools and business courses are the usual substitutes offered.

* Read at the meeting of the New York State Nurses' Association, Buffalo, October, 1908.

The certificates are being asked for and furnished. This method of obtaining definite information is advisable, and to judge from the experiences of some of our schools it is the easiest and surest way. Students from the public schools go to the hospitals and inquire how long they must attend school to be eligible for the course of training. Others have taken up their studies again to enable them to have a certificate to offer.

A year or two more and such a thing as failing in three, four or five subjects in one examination will not be heard of, but instead the Department will be called upon to furnish more honor seals. In January but one received honors, and in June there were twelve. A purple seal on the certificate is the emblem of honor, and is awarded to all who pass 90 per cent. in seven subjects of the examination. The number of applications have increased to such an extent as to enable schools to fill their classes with acceptable women, and some even have a waiting list. A year ago the lack of applicants was attributed to registration and examination, and is it not just to say that a more plentiful supply is because of registration? I surely believe it is so, as the real reason for the shortage was poor conditions in care and instruction. These conditions have improved because of registration, and we see as the result an increase in the number of applicants.

The length of the course in the training is not discussed as much to-day as it was a year ago. The schools that shortened their course talked of it some time before it was really put into effect. January, 1910, is the date on which the first class admitted to these schools on the two-year schedule will complete the course. It will be some time before the results of this experiment will be known. The state association has much to be proud of; it has done a great work in a few years' time, in fact, more than was thought possible. It may be that we have rushed ahead too rapidly to see all the pitfalls.

I am fully convinced from what I see from day to day that we should, long ere this, have been more specific as to our requirements. We have never put ourselves on record as to what the majority believe the training-school course should be. True, our law names the general departments for experience, and states that the course must be not less than two full years, and not less than twenty-five beds in the hospital. We also have the syllabus, with which you are all familiar, but that is for the minimum course of two years, leaving it to the "superintendent to develop the course as she thinks best," and making no suggestion to our seventy registered schools now carrying on the full three-year course. A "lady manager" said to me only last week: "Well, we have changed

our course to two years.” “Is that so, why did you make the change?” She said: “The regents want the two-year course, that is what they outlined.” I think I convinced her in ten minutes that that is not what the regents want, and it was no credit to the institution to keep to the minimum standards. It may seem like sheer stupidity for a board to take such action without stronger grounds, but do we not have to guard against just such errors? The reason why many more mistakes of this sort have not happened is because of the many excellent women in charge of the schools. We want more of these excellent women, women who will not pervert the true meaning of the law or be satisfied with minimum requirements of it if it is possible to do better; women who will always stand for thorough all around training. The important thing at this moment is for us to be more explicit as to what should be taught both in theoretical and practical work. We want one target for all schools to aim at. Not every shot will pierce the bull’s eye, but with practice they cannot go so far afield that we will not know at what they are aiming.

The course of study is a matter that each school has to determine every year for itself. A general guide would avoid such extremes as we now find. For instance in theoretical work, seven hours a week for the first year, and one hour a week the third year, with hours on duty in wards the same throughout. Class work to the nurse in the third year is invaluable, she can really comprehend and appreciate lectures by that time. And in the practical course,—is it to be no department for children, only six obstetrical cases, a limited number of medical cases and the rest surgery? In such a place the surgery is so prominent that it hides all other departments from view till nothing else seems worth while, if only the nurse is well trained in this one of the fundamental departments and can be first assistant to the surgeon, even in abdominal work, or is a proficient anæsthetist.

The Nurse Training-school Council of the Education Department has had this under consideration for some time, and I am sure they will be very glad of any suggestion from the members present.

This past year the State Lunacy Commission established the office of superintendent of the training school in the state hospitals. Two points in the eligibility clause for candidates are that the applicant must be a graduate of a general hospital and have held an executive position in a training school. This is the first time they have been able to have a graduate nurse devote her whole time to the training school; formerly the position was combined with that of matron.

I have taken from my annual report a few statistics. Figures usually

are tiresome in a paper, but I will promise not to try your patience many minutes. From August 1, 1907, to July 31, 1908, which is the school year in the Education Department, two hundred and twenty-five calls and visits were made, varying in length from half an hour to two days. One hundred and nineteen full reports were filed, and one hundred and six special reports. Each school had at least one call; the greatest number of calls to any one institution, or at least in its interest, was ten. Of one hundred and five schools, seventy have a full three-year course; seven have the minimum two-year course; twenty-eight range from two years and two months to two years and eight months; fifteen do private nursing outside of the hospital in the third year, only three to the extent of three months' time; in most of them it really means little more than emergency work. Five have district visiting as a part of the course; sixty-two run their own obstetrical departments; fifty-five have children's departments; forty-one care for contagious cases; fifty-six have diet kitchens; three do not have male patients; fifty have formed affiliation for obstetrics, children or general work. Nine have one month probation; four have six months probation; twenty-two have three months probation, and seventy have two months probation.

Average number of hours per week on day duty, fifty-nine; average number of hours per week on night duty, eighty-three; average number of hours per week for the year, sixty-five; average number of class hours per week, three.

Three schools require high school diplomas; eight schools require two years in the high school. This past year there were a few schools, three or four, that had not made a strong stand for the one-year high school, or its full equivalent. All but one are demanding it to-day, and this year I do not expect to find a school where it is not enforced.

Age limit has been eighteen to thirty-five. The feeling is that both ages are extreme. Twenty to thirty seems better, and some are not admitting women under twenty-two.

In round numbers there are 3000 pupils enrolled in our schools now. Second and third year enrollment is about the same. The first is one-third larger. If the total enrollment could be called the daily average of nurses on duty, each nurse would care for $3\frac{2}{3}$ patients daily. Next year I shall endeavor to get the daily average of nurses on duty as well as patients treated, in order that we may know the true proportion.

I have also a few notes on the last examination. Of the 261 examined, 27 failed; two of these failed in only two subjects, but with a general average below 75 per cent. Thirteen failed in 3 subjects, eight failed in 4 subjects, three failed in 5 subjects, one failed in 6

subjects. The lowest general average was 64.3 per cent. with a failure in six subjects. Only three were below a general average of 70 per cent., and sixteen below a general average of 75 per cent. Twelve had honor marks, having passed seven subjects at 90 per cent. or over. Of the two hundred and sixty-one, the failures in each subject are named in the first column of figures; of those who did not pass, the figures are given in the second column, besides being included in the first:

Practical examination	15	6
Anatomy and physiology	34	18
Medical nursing	5	3
Obstetrical nursing	10	6
Nursing of children	71	22
Bacteriology	1	1
Surgery	4	2
Materia medica	49	20
Diet cooking	31	18

IN A NURSE'S FLAT

By M. E. MARQUIS

"MARY ETHEL, Mary Ethel!" shouts Antonio from the top flat.

"Yes," I answer despairingly, as I make my way back to see what she requires of me.

"Oh, did you find your rubbers?" she asks in an interesting way, her eagle eyes glancing suspiciously at my shoes.

"No," I admit triumphantly, even defiantly. "I could n't find them."

"Now Mary Ethel," she goes on reprovingly, "they are in that small, wooden box, under your suit case and bag, on the left-hand side of the old chiffonniere in your closet. I put them there, myself."

I gaze at her in mild, sheepish wonder; it's humiliating to have other people tell you where your rubbers are.

Antonio goes on: "You know what a cold you have had lately!" Yes, I do know, and I immediately march to the closet designated by Antonio and put my rubbers on.

Antonio never dreams that I enjoyed that cold. It was one of the red-letter days of my existence, when my breakfast was brought to my bedside. Such splendid toast, knee-deep in butter; and every time I grew interested in the toast, the coffee-pot would wobble around in a frightful way as if it were going to lose its contents, for Antonio, being

of an economical turn of mind, did not wish to have two coffee-pots to wash. In place of our dainty china one, there was the huge granite one from the kitchen, closely resembling the Bunker Hill monument and shying like a colt minus blinkers.

I slip the rubbers on hurriedly, murmuring thanks to Antonio, and reach the second floor, when again her voice breaks in on my musings.

"Mary Ethel, Mary Ethel! you said you were going to try and match that trimming for your blue kimona. Better do it this morning. The stores are not far from the library, you know, and no use to waste two mornings."

"Thanks," I reply, just as respectfully as I can.

I am in utter despair at wasting so much time over rubbers and kimona trimmings. Rubbers make my feet heavy and hot, but I must wear them because Antonio says so, and I must buy the rest of that trimming because Antonio says so.

No use to explain to her that I am on the hunt for a bit of verse that is as delicate as moonbeams or as dainty in coloring as a wisp of rainbow.

With a marvellous sureness I hasten down stairs and keep hastening for two blocks, colliding with our ancient policeman, the moon-faced caterer, and a small boy and dog. They seem surprised.

"I am going away," I call blithely, never stopping, and gaining momentum as the prairie thistle that has blown over several quarter sections. At last I am out of sight of the flat, and Antonio can still go on remembering the things I have forgotten.

THE UPPER HAND

By M. E. M.

To work and fight through the fearsome night—
A tiny pulse-beat and Death and you;
To spur life on from a flickering light
By dint of a work held true.

He lives; but Death a thousand fold
Is dancing demoniac across one's brain;
He lives, and your nerves release their hold,
And your eyes are stabbed with pain.

And then—a gleaming of pink and white
 Delays the Doctor upon the stair;
 A woman?—Yes, call her what you might—
 Wife of the man up there.

The weariness goes with the nightly things
 And low, glad words, “ You have pulled him through ”;
 And out in the dawning a robin sings,
 And a rose is dripping dew.

MOUNTAIN MEDICINE

By L. L. DOCK, R.N.

It is some time ago, but I have not forgotten it, that those ladies of Cranford ventured upon some boasting as to the highly cultivated kind of nursing they see on the Michigan farms. It has rankled in my soul until I must burst into print once more to relate the latest chapter of our mountain marvels.

Do they remember the old gentleman of eighty-four who was brought by Dame Nature from death's door? Well, all of this winter I have been visiting him occasionally, not expecting to see him survive the winter. In autumn he was quite helpless from badly cedematous legs; could not use one at all, even with crutches, so he sent for the doctor and me. The doctor gave an internal drug, whose nature I could only guess, and ordered heavy cotton batting swathing of the limbs, and elevation. I went regularly for a week or so and wrapped and bandaged the limbs, the treatment seeming to be of some effect. However, one morning I got word not to come, as the patient was going to stop the bandages and medicine. The weather was bad and it was some time before I again saw the old man. I found him full of life and courageous gayety, and making myself comfortable for a chat, I heard the whole story of how he discharged the doctor, and sent for the *pow-wow man*. Then I went home lamenting, for, said I, if I could only write down that story as he told it I could get seventy-five dollars for it! Anything more delicious I have never heard than his graphic portrayal of the rage of the doctor, who jumped around the room and “ hollered,” and the advent of the *pow-wow man*. The latter is an unromantic looking native who has learned to “ say words ” over ailments. I heard of his wonderful

cure of a sick hog, and how he came to see the old gentleman, threw the medicines away, sat down, and made some passes with his hands and "said words" over the limbs. He had learned from an old German, who also knew the art. It is not allowable for the pow-wow man to charge a fee; the laws, I think, might enable the doctor to get his clutches on him, but the old man, recognizing the ethical situation, gave him a "side of bacon." I think the real cause of the doctor's discharge was that he cut down diet. Not long ago I saw the old man at his granddaughter's wedding, where, it is true, he had to be carried, and he ate fried chicken, ham, beans, corn, apple sauce and potatoes, ice cream, cake and coffee.

"Pow-wow" is a serious and recognized institution up here in the mountains. A woman down the road who practices it was sent for the other day to cure burns made by sputtering fat from the fire. The cure was said to be perfect. The next day I saw the patient and, examining her critically, concluded the burns could not have been very bad.

But even more important things happen. There was a case of snake-bite in the neighborhood. A little girl of thirteen was bitten in the ankle by a copperhead, a really dangerous poison, but fortunately the reptile did not succeed in planting his fangs deep. He struck right over the bony prominence, and did not make a successful bite, as, I am told, when this occurs the snake is itself in an exhausted condition and drops. This one, after striking, chased the child, a sign of great rage, and was killed. The little girl's family laid her on the floor and applied crushed raw onion, held to be an antidote. They sent for me, and while gathering up a few things I rushed the messenger back to order some one to suck out the poison. Arrived on the scene, I found an uncle valiantly sucking the wound, the child pallid and terrified, but with a good pulse. We put her to bed with the foot in a solution of bichloride and an arterial compress and tight bandage below the knee to check the circulation. Will it be believed that these adults were not intending to send for any physician? "Oh, no use." All was done. Not that they expected the child to die. They did not, "because the snake had not fallen over." Like a properly trained nurse I sent flying in every direction for doctors. At the mountain inn were two young medical students, whose summer is being spent in the dangerous and unusual task of catching copperheads and rattlesnakes and gathering their venom for some French scientists who are experimenting with the medicinal properties of snake poison. I hope the Cranford ladies will observe this high professional élite of our mountains and their close relations to advanced science. One of these young men first came and gave a hypodermic of potassium per-

manganate in the wound. We also gave the child some coffee. He pronounced my treatment correct and we did not wait for the next doctor, who came an hour or so after. The little girl did well, her limb only swelling very slightly.

How important we think ourselves and how lowly we seem to others! Another octogenarian, who sometimes condescends to drive a cab, after explaining to some of our arriving friends the various peculiarities of my sisters, remarked of me: "She is only a public nurse in New York City," charitably, however, did he then add, "but all very nice ladies."

Our laborious training and education—how they are ignored in the mountains! "Oh, I would like to be a nurse," said to me a sweet little mountain maiden. "The dressmaker in the village told me she had a friend that went to the hospital, and oh, it wasn't hard at all; she didn't need to stay very long, just took a few learns, and then she knowed it all!"

CHRISTMAS TIME AT SANTA FE HOSPITAL

By A. C. TRUSS, R.N.

FOR beauty of location Santa Fe Hospital is unequalled. On the heights of Los Angeles she stands, guarding the city to her right, and looking out on the circling range of mountains, on whose peaks the snow lies white, and at whose base the orange and the lemon trees flourish. The hospital is built in semi-mission style with deep porches and wide branching roofs, its different buildings connected by arched corridors and windowed halls.

It is six A.M. Soon the sun will rise in a riot of splendor. Little stirrings of life manifest themselves in the "nurses' home" and gather rapidly in force until doors are thrown wide open, and from many throats we hear the old familiar greeting, "Merry Christmas, Merry Christmas!" Some of us who are older answer back, "Happy Christmas!" and surely the happiest anniversary we can keep is the birthday of the Son of God, the Saviour of the World. To-day the message of the angels appeals strongly to us, "Peace on earth, good-will to man."

At 6.30 A.M. the nurses entered the breakfast room and found it prettily decorated with smilax, branches of the graceful pepper-trees, and great blossoms of regal crimson poinsettias. Beside each plate at the tables, lay a bottle of perfume and a floral calendar presented by the chief surgeon, Dr. Morrison, and the superintendent, Miss Montford.

As we left the breakfast-room we (by permission) visited the dining-rooms of the convalescents and the Mexicans, and were surprised at the clever and artistic decorations which we found were continued through the entire hospital. Smilax festooned the arches, bells hung everywhere, and jars containing roses and poinsettias filled corners and lent a beauty, transforming the "home for sick men" into a veritable fairyland.

And the men themselves, all variously hurt in the employ of the Santa Fe railway, tried to put away their pain behind smiles, and, whether lying in bed or drawn in wheel-chairs, or moving about in the freedom of returning health, one and all they shouted the happy greeting flourishing their presents or proudly telling how pleased the "Doc's" were with their little gifts. And the "Doc's" had the sunshine of California in their countenances as they saw in their "wee giftie" an appreciation of twelve months' work.

A very pretty menu had been prepared for dinner, promising the time-honored good things of gastronomical delight; and clever epigrams of a decidedly personal character were written on the back, which when read provoked much spontaneous laughter. There was one especially original and amusing, referring to a Miss O'Toole, who is nursing a Mr. Cutting.

"There are many diamonds in the rough,
But it takes a good tool to do for Cutting."

In the evening, a graphophone was placed in the first hall, and convalescents, nurses and visitors enjoyed its many selections.

At 9 P.M. all was silent, only the night-nurses glided in their white uniforms through the shadowed corridors, but sick and well all agreed that Christmas Day at Santa Fe would be among their pleasant memories.



Now Colorado is one of the seven states where the mother is equal with the father in the ownership of her own children; the age of consent has been raised to eighteen years; humane education has been made compulsory in the public schools; a state home for dependent children, and industrial schools for both girls and boys have been established; and a score of laws for the betterment of humanity have been secured through the endorsement and help of the women.—*The Union Signal*.

HOUSEKEEPING FOR TWO

By ANNA B. HAMMAN

Instructor in Foods and Cooking, Mechanics' Institute, Rochester, N. Y.

(Continued from page 117.)

THE summer and autumn, with their abundance of fresh fruit and vegetables, have gone. Our winter vegetables are likely to be slighted and somewhat despised if we have been so unfortunate as to eat them only when they have been poorly cooked. They are valuable, like our green vegetables, for their salts, they are inexpensive, they give a variety which is better than a succession of canned vegetables, and, last but not least, they are good when carefully cooked.

Let us begin with carrots. Two medium-sized ones will be enough for two people. Be sure that they are firm and crisp. Withered root vegetables are no more desirable than wilted green vegetables. Wash and scrape the carrots, cut them in half-inch cubes, put them in a saucepan and cover with boiling water. Let them boil steadily until very tender, adding more boiling water if necessary. Add one-quarter teaspoon salt about five minutes before they are done, and allow all the water to evaporate. Carrots should never be drained, as the flavor is mild and too much of it is lost if the water is poured off. Sugar from the carrots and valuable mineral matter are also lost if the liquor is thrown away. Make a half-cup of white sauce, nicely seasoned, add the carrots, let them heat without boiling five minutes, and they are ready to serve. And there is a world of difference between these and carrots cut in large pieces, drained from the liquor in which they are cooked and served with a little lukewarm milk thickened with flour paste. The last are enough to prejudice one against the whole race of winter vegetables.

Salads also become more of a problem when the fresh vegetables are gone, but it is a problem worth solving. More salads and less meat and pastry would improve many a table. Here is one winter salad, appetizing and easily prepared:

Apple and Celery Salad. One cup diced tart apple, one-half cup celery cut in half-inch pieces. Mix with mayonnaise dressing or with the following cooked dressing: One teaspoon mustard, one teaspoon salt, one teaspoon sugar, few grains cayenne, yolks of two eggs, one-third cup hot vinegar, whites of two eggs. Beat yolks of eggs slightly, add dry

ingredients, then stir vinegar in gradually. Cook over hot water, stirring constantly, until mixture thickens. Cool, and fold in whites of eggs beaten until stiff. One-half cup of whipped cream may be used in place of egg whites to make a richer dressing. Chopped walnuts or pecan meats may be added to the apples and celery.

Clear Tomato Soup. One pint canned tomatoes, one cup water, slice of onion, one-half teaspoon salt, one-eighth teaspoon paprika or few grains cayenne, sprig of parsley, two teaspoons cornstarch. Cook tomatoes, water, onion, parsley and seasonings together fifteen minutes, and strain. Mix the cornstarch to a thin paste with cold water and stir it into the strained liquor. Cook, stirring until it boils, and continue boiling until soup is a clear red color, showing that the cornstarch is thoroughly cooked. See that the soup is well seasoned before serving. If you have them, a clove, a peppercorn and a bit of bay leaf cooked with the tomatoes will improve the flavor of this soup.

Eggs have so often to take the place of meat in the small household that a new way of serving them never comes amiss, especially if it be a way that takes off the "eggy taste," as this one does.

Scrambled Eggs with Tomatoes. Three eggs, one-half cup canned tomatoes, one-fourth teaspoon salt, one-eighth teaspoon pepper, two teaspoons butter. Cook tomatoes until pulp is tender enough to mix with juice, add salt, pepper, butter and eggs beaten enough to blend yolks and whites. Cook over a low fire, lifting mixture constantly from bottom of pan, until the eggs are set, but soft and creamy. Pile on slices of crisp toast and serve. A slice of onion finely minced and cooked with the tomatoes gives additional flavor to this dish.

Another hearty dish which may be used as a meat substitute is macaroni and cheese. This is less expensive than eggs at this time of year. Break six or eight sticks of macaroni into three-quarter inch pieces. Drop the pieces into a pint of actively boiling salted water in the top of the double boiler. Boil twenty minutes, lifting pieces with a fork occasionally to prevent sticking. Then set over lower boiler half filled with boiling water and continue cooking forty minutes. Turn into a strainer and let cold water run through it freely. Macaroni cooked in this way is nearly as tender as white of egg and more digestible and palatable than that which has been cooked directly over the flame for a shorter time. Make a half-cup of white sauce and add to it one-quarter cup of grated or thinly shaved cheese. Stir until the cheese is thoroughly mixed with the sauce. Add the cooked macaroni and reheat, but do not boil it.

Macaroni and cheese often disagrees with people and is considered

indigestible. And so it is if the macaroni is half-cooked and the cheese is over-cooked, as it commonly is. It is no better to cook cheese at a high temperature than to treat eggs in that way, and when we put macaroni and cheese in the oven and give the cheese a crisp, brown coating we are making it about as digestible as a piece of leather. If you must have your macaroni and cheese browned on top, put the macaroni and sauce in a baking dish, scatter a few very lightly buttered bread crumbs over the top and set it under the gas broiler flame for two or three minutes, until the crumbs are browned, and you have as pretty a dish as you need ask. This browning can be done in the oven, but it is difficult to do it there without getting the cheese too hot.

When you do not care for so nutritious a dish as the macaroni and cheese, use a half-cup of tomato sauce with the macaroni instead of the white sauce and cheese.

If you make tomato soup, macaroni with tomato sauce and eggs scrambled with tomatoes, within a few days, you will very nearly use up your can of tomatoes. If you still have a cupful left, you can heat them and thicken them with a tablespoon of butter and a tablespoon of flour cooked together and season them with salt and pepper. Or, stir into them a half-cup of stale bread crumbs, season with salt, pepper and butter and let them cook until they are thoroughly heated and the crumbs have absorbed the juice.

Steamed Graham Pudding. Two tablespoons butter, one-quarter cup molasses, one-quarter cup milk, one small egg, three-quarters cup graham flour, one-quarter teaspoon soda, one-half teaspoon salt, one-half cup dates cut in small pieces, or one-half cup seeded raisins. Mix and sift dry ingredients, add fruit, molasses, milk, egg well beaten, and, finally, butter melted. Turn into well-greased individual moulds, stand in a kettle of boiling water, cover closely and boil one hour, without uncovering. Quarter-pound baking powder boxes or cocoa boxes answer perfectly for moulds. Both boxes and covers should be greased, and they should not be more than half or two-thirds full of the pudding mixture. Serve this pudding with the following lemon sauce:

One-half cup sugar, one cup boiling water, one tablespoon flour, one tablespoon butter, one and a half tablespoons lemon juice, yolk of one egg. Mix flour and sugar, add water gradually, stirring constantly. Boil five minutes. Stir mixture into beaten yolk of egg, cook without boiling two minutes. Remove from fire, beat in butter and lemon juice.

Here is a suggestion for the Christmas dinner menu, if the family of two does not join some outside household for the day. Clear tomato soup, roast chicken, mashed potato or baked sweet potato, celery and apple salad, steamed graham pudding.

REST PERIODS FOR NURSES

By BERTHA ERDMANN

Minneapolis, Minn.

WHILE in training, our rest hour is one of the most important in the day. As it is regular, what nurse does not look forward to it after a busy morning? It is not necessary that one sleep soundly for an hour or more at this time, but to learn to relax, even if only for a short while, should be and is one of the first things impressed upon a beginner's mind. At first she will say, "I cannot rest for so short a time," or, "I feel worse after lying down than before," but once established it is found a necessity.

A nurse who acquires this habit in the early part of her training is in a better physical condition at the end of her course, than the one who does not listen to the advice and suggestions of her superintendent.

Is rest as necessary for the graduate as the pupil nurse? Most emphatically, yes. As some one has said, "The real work only begins after graduation." Let us follow the graduate in some branches of the profession.

Private nursing: Irregular hours, sleepless nights, confinement, when a patient is too ill to leave with incompetent persons, poor food, oftentimes, fretful members of the family, and so forth. Does she not need a rest after several weeks of such work?

Tubercular nursing: The out-door life, both day and night, connected with the work at a sanatorium is indeed healthful and invigorating, but to be cheerful at all times, not to permit the patients to become depressed and think of themselves (so characteristic of the disease), taxes one's ingenuity to its utmost. Does the tuberculosis nurse need a rest?

District nursing: What nurse employed in this branch does not welcome the rest hour? After tramping through muddy streets, unpaved sidewalks, rain, storm, cold and heat of the day, from house to house, working amidst filth and disease, relieving suffering humanity and bringing order out of chaos, does she need rest?

The nurse in small hospitals experiences peculiar conditions indeed. It is either a "rush" with no rest at all, or nothing to do, when time drags slowly, waiting for patients to come. Of course the only thing to do under these circumstances is to rest when she can.

Think of the patience, tact and judgment required of those nursing

sick children. Most interesting indeed, but after weeks and months of such work a rest must be most welcome.

Institutional work after graduation brings with it again the regular rest hour. Although some days are heavy, very few do not permit a short period of relaxation.

Army nursing and all other positions controlled by the government, really institutional affairs, provide for rest, except, of course, during heavy days.

We must not forget the nurse in settlement work. She, too, needs rest, her days being long and trying.

What is the value of the periods of rest?

The work of a nurse is hard at best but “does not kill” if pursued with the right spirit. The collapse will come, however, sooner or later, as some of us have experienced, if the rest is not taken at the right time. The young graduate, full of ambition and determination to succeed, does not stop to think until too late that after all she is only human and cannot do any more than her sister workers.

After the training-school days are over she should take a long rest before starting on her career. While at work she must use judgment when and at what time to rest. Nothing is more valuable than to get away, at least once a year, from familiar surroundings, leading a different life.

As a real inspiration, I would advise all graduates to join their *alumnæ*, county and state associations, attend meetings, and, if possible, once a year join the conventions of the national organizations, to meet nurses from all parts of the country and world.

“It is only a change,” you say, “no rest.” Is it not true, that when we think all is out and done with us, nothing is right, there is no use trying to keep up any longer, and is it worth while?—that is the time to get away, not to brood but to meet others less fortunate, and behold, we return refreshed and strengthened, having discovered that after all we are pretty lucky creatures.

The real values then derived from the rest periods are: development of mind and body; steady nerves, tact and good judgment; keeping young (a most important factor, for old nurses are not in demand), and a cheerful happy disposition, all necessary for a successful career.

NURSING IN MISSION STATIONS



FURTHER NEWS FROM KASHMIR, INDIA

By M. NORA NEVE, C.M.S.

IN the Srinagar Mission Hospital out-patients are seen after "the second watch" (noon). Some little time before that the Kashmiri equivalent of a four-wheeler may be seen to turn in at the hospital gate. If the patient be a man it may be a case of intestinal obstruction or of bear-maul; if a woman, she may be one of those puerperal wrecks the native midwives are responsible for, or a poor old lady with heart disease who has come several times before to be tapped for ascites. But the conveyance needs a word of explanation: it is just such an Eastern bed, borne of four, as was used to bring a paralytic to the first medical missionary. The four are sons, nephews, or only neighbors, with loins girt and sandalled feet; their journey of anything from one mile to thirty (or more) over, they loosen footgear and girdles and throw themselves down for a nap. A female relative who has been sore put to it to keep up with the bearers' trot sits at the patient's head to keep off flies with a willow branch. All day here little bits of A.D. 30, familiar from New Testament pictures, are being brought into closest contact with the twentieth century, as when that bed is again lifted and carried into the consulting room to be put down before the out-patient doctor for the day. Both native languages in use here possess causative verbs. Karun—to do; Karan'awun—to make someone else do. Insert two more syllables and you have a verb which means to "get a second person to set a third to work."

Like W. Squeers' pupils we learn the verbs and "go and do" them. In our women's out-patient dressing-room while two native nurses unbandage, syringe, apply dressings, as directed, one has one's self to go swiftly from one thing to another of the many things, small and great, they cannot do. This includes dressing aseptic tumors, operation cases, opening small abscesses, scraping ulcers (specific) and some minor gynæcological work and at the same time overseeing the preparation of two or three women for almost immediate operation. This preparation often begins with the removal of several pigtails of false hair, an odd dozen of earrings, and years and years of dirt. Our operation dress for patients

is an adaptation of the native garment but with shoulder seams replaced by placket holes fastened by tapes. The reluctance of some to get into this is on account of its cleanness, but the clumsiness of a Hindoo woman over drawers is due to the fact that she has never worn such a garment before.

Any women who like may, and some do, come straight through to the nurse having only given their names and got a ticket in the consulting room. Two such—young married women,—sisters from another part of India, came in together a few days ago. Signs and a word or two led up to an examination, made the quicker that they could not give the unhistorical histories and unexplanatory explanations which must preface and obscure a diagnosis in the voluble Kashmiri. Both were equally undeveloped sexually, uterus and appendages not palpable, vagina a mere pocket. Sterility is what many come about; prolapse is common and many of the other complaints of women of more civilized lands. There is a kind reception in the State Hospital for Women at the other side of the city for those who need the attention of a qualified lady doctor.

From 12.30 till 4 or 5 o'clock we attend to out-patients with a break in the middle for lunch. Before and after a Mohammedan Saint's Day, when thousands flock into the city, we have "field days" and break former records: the average out-patient attendance is something under two hundred. The women come in family parties always with babies. Rarely a woman comes alone; then she says of herself with sobs: "I've no one but God—God behind—God before," but doubtless she derives some comfort from being able to make such a statement, involving as it does the repetition of the sacred Name, in itself an act of merit. One can often guess, while the open door still frames the figure, what the trouble is. The old lady with the alpenstock who has ripped up the seam of her dress has done it to show the doctor an epithelioma without baring her leg—hers is rare modesty. The deformed nose and hoarse "salaam" of the next tells of hidden sores (syphilis is rampant here); a girl of about ten with her father will have come for a plastic operation on a webbed arm—"It happened—oh, years, ago—her shoulder, side and hip were burnt and this is the end. It didn't matter, only now she is to be betrothed and must be smartened up." A stolid, matronly figure pushes aside one or two other patients and shouts in my face: "I hear heavy." I say, "Well, I don't," and there's a roar of laughter in which the deaf one cheerfully joins. All the time one is constantly interrupted by requests and demands, lawful and unlawful. Directions are taken in English, translated into Hindustani for the native nurses, and into Kash-

miri for the patients. Latin nouns take wonderful Kashmiri Genitive and Dative endings and such words as cataract, piles and black appear disguised as "catgut," "piluss" and "bullock." Black wash = bullock wash! At last even the ear syringing and douching comes to an end and there is only an anxious relative who follows you down the garden path to ask about a patient's diet. However little it matters, the one expression to avoid is "It doesn't signify." If you say that, every possible and impossible article of food and condiment will be suggested for your approval or disapproval. Say impressively, "salt? yes; red pepper? no; tea? one cup," and the questioner returns contentedly to the bosom of his family repeating his lesson as he goes.

ITEMS

A PERSONAL letter from Miss Bewer, of Aintab, Turkey, gives more detailed news of her own work. Our readers will remember her description of the Medical Missionary Association of Turkey in the November JOURNAL.

"Our work is a large one, the past has shown splendid results, but my share in it is really very small, and besides that it is contrary to our training to be recognized when young in the work, is it not?

"Our native helpers so far have been and are poor, ignorant women, old, and 'sot' in their ways and entirely undisciplined. Only a few of them know how to read or write, and that only with difficulty. They have to be told what to do over and over again, and often the utterly ridiculous way of carrying out some order frequently relieves the strain on one's patience. I usually try to think of all the many ways that might occur to them, and thus try to avoid mistakes, but they nearly always find another way, one that would never occur to us at all.

"This year I have a girl who was at our Aintab Girls' Seminary for several years, and next year I hope to be able to get some more, and perhaps begin our little training school. I shall have some classes this year probably and provide a teacher for English lessons for the more hopeful ones. We have two or three such, and as we are a missionary hospital I want to provide Bible classes and personal workers' classes for the women, so that they may be better fitted to touch and influence the many and different kinds of patients who come to us for physical healing, with a sense of need of their spiritual healing.

"As our funds are very limited, we cannot afford to get things from America or England, excepting the things not found in this country. All our supplies have to be prepared from the raw material. You would be much interested to see the lines and lines of red peppers hung up to

dry in our hot sun. One might almost think that it were done in honor of our new-found liberty, they are so decorative. We have to prepare everything ourselves, from salt to our native mattresses, which are made from wool as it comes from the sheep's backs, after which it is taken to the stream, washed and sunned and beaten and then made up. These have to be done over every year, and oftener when we have unclean cases.

"I have been slow to make changes, feeling that I wished to give the *modus operandi* a fair trial; and then, too, the work that has been done has shown fine results and cost great effort, perseverance, patience and self-denial that I cannot but stand back humbly and admire what has been done in the past under such great obstacles."

IDA M. ALBAUGH, a graduate of Wesley Hospital, Chicago, left for Kiang-Yin, China, the last of October to become a missionary nurse in the Emma Clarkson Hospital, at whose head is Dr. George Worth, of the Southern Presbyterian Church. The hospital has a new male ward and it is hoped, in two years more, to have a female ward also, both being built with funds supplied by the Woman's Missionary Union of the Wilmington Presbytery, North Carolina.

Woman's Work for November brings news from Severance Hospital, Seoul, Korea. "Closely following upon the graduation of the medical students came the capping exercises of seven Korean nurses at Severance Hospital, under direction of Miss Shields. It was a ceremony of induction into the duties of their profession. Dr. Avison addressed the nurses, and after the capping ceremony Miss Shields gave them a charge. Another address was given by Mrs. Sin, a Korean teacher in the Girls' School."

DR. BOONE, of St. Luke's Hospital, Shanghai, writes in *Spirit of Missions*: "I have been urging the public, both in Chinese and English newspapers, to start an insane asylum here. These unfortunates are kept in cages, or with a ring around the neck chained to a tree in some courtyard. Treated as wild beasts they do not recover, often die of hardships. The Chinese are responding to my appeal. I may get a temple and grounds set apart for the proper treatment of the insane. It should pay all its running expenses and be a great blessing to many who could be cured."

Spirit of Missions also reports the appointment of Miss Zaida A. Freese, of Topeka, Kansas, as missionary nurse for the Philippines.

THE *British Journal of Nursing* says: "A practical suggestion made by Sir Patrick Manson is that some elementary hygiene should be taught in all mission schools, in the hope that gradually the native mind may be impressed with the necessity of healthier modes of living, and so natives may escape these (tropical) diseases."

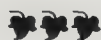
IN a description of a meeting of the Nurses' Missionary League, the *British Journal of Nursing* gives part of a talk of Dr. Dodson, a woman physician working in India.

"Dr. Dodson described her difficulties in training native women to help her in the hospital, whose idea was that surgical work was very dirty, and so they considered that they should wash their hands after and not before an operation. Again, with the best intentions, one took the instruments Dr. Dodson had carefully prepared for an operation, and was found cleaning them with earth to make them bright. Later, more successfully, the doctor took younger girls, but longed for a trained nurse to teach them, as with the responsibility of treating in-patients and out-patients, and performing serious operations, the work was almost overpowering."



TRAINING OF THE INFANT.—The *Journal of the American Medical Association*, quoting from *Fortschritte der Medizin*, Leipsic, says: Eschle declares that the instinctive consciousness that certain actions have certain consequences develops extraordinarily early in the infant. He is convinced that the foundations for moral and physical health should be begun to be laid when the infant is three months old. During the first three months it should be accustomed to order and punctuality. In the fourth month, if the infant learns that it does not gain anything but merely darkness by undue crying, its tendency to become a tyrant in the house is nipped in the bud. The crying of a healthy child may be a means of useful exercise, and need not be necessarily suppressed, but if the crying becomes a bad habit it may have evil consequences not only for the physical development but also on the future character. The infant has no fear of darkness, but when it finds that motiveless and too long-continued crying merely causes the room to be darkened, it soon wearies of crying and the little being struggling for existence (and for the mastery of the house) learns to control its desire to cry and to tyrannize.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

SCOPOLAMINE IN LABOR.—The *New York Medical Journal*, quoting from the *British Medical Journal*, says: Krönig believes that scopolamine, given in conjunction with morphine, surpasses all other anæsthetics in labor, producing the so-called “dawning sleep.” A three hundred per cent. solution of scopolamine hydrobromide and a one per cent. solution of morphine are used. The first injection consists of 4.5 decimilligrammes of scopolamine and 1 centigramme of morphine. It is given when the patients have pains lasting at least thirty seconds, and which recur at regular intervals of four or five minutes. The first effects are generally manifest about half or three-quarters of an hour later. The patients become sleepy and slumber between pains, but awake when the pains return. A second injection of from 1.5 to 3 decimilligrammes of scopolamine alone is given an hour after the first. Half an hour later the perceptive capacity of the patient is tested by asking her if she recognizes an object previously shown her half an hour before, or if she remembers how many injections she has had. If she fails to meet these tests, no further injection is needed. As a rule, all injections following the first contain scopolamine only. Patients may thus be kept semi-unconscious for twenty-four hours. After a successful “dawning sleep” women awake post-partum perfectly happy, and declare they have felt nothing. It frequently happens that they will not believe they have been delivered. Everything depends on the correct dosing of scopolamine, and the only available standard as to the correctness of the dose is the test of the patient’s consciousness. Loud noises, strong lights, etc., are a considerable drawback in achieving good results. The author’s conclusions are based on his experience in 1700 cases. The length of labor is only immaterially increased, and the method is certainly without danger to the mother, and probably without danger to the child. Of the 1700 women only two died soon after confinement, and neither of the deaths could be in any way attributed to the scopolamine. It can be used even in cases of organic heart disease.

DIAGNOSIS OF APPENDICITIS.—The *Interstate Medical Journal* says: W. Janowski and St. Lapinski examined 800 men with apparently healthy appendices, palpating the appendix, the cæcum and the points of McBurney and Lenzmann (6 cm. to the left of the anterior superior spine). Necessary for a successful examination is a thorough relaxation of the abdominal muscles and contraction of the musculus ileopsoas, which was accomplished by elevating the right lower extremity one-half of a metre. In 52 per cent. of the cases the appendix could be felt over the musculus ileopsoas. In more than 60 per cent. of the cases pain was produced by pressing the appendix, radiating in different directions,—to the stomach, navel, liver, or to the left. McBurney's point was often found painful, also when pressure on the appendix was not painful and when the appendix could not be felt, and also from here irradiation of the pain was observed. Lenzmann's point was painful in several cases, and where the appendix itself and McBurney's point showed no pain on pressure. Swelling of the appendix, pain on pressure of the appendix, McBurney's or Lenzmann's points are, therefore, not evidence of chronic appendicitis and the diagnosis has to be based on other symptoms.

HYSTERICAL SKIN DISEASES.—The *New York State Journal of Medicine*, quoting from the *Practitioner*, says: Hysterical skin diseases form a most puzzling class of cases, says Hall, in discussing difficulties of diagnosis. When they present some strikingly great exaggeration diagnosis may be easily made in some cases, but very frequently such is not the case. Careful observation, however, nearly always reveals the one marked quality—*their excess*. General rules for their diagnosis are:

1. They do not fit in with ordinary skin disease.
2. The outline of an individual patch frequently shows some angular contour, such as is never seen in spontaneous disease.
3. They are almost always in some actually or easily exposed part, visible either to passers-by, or to the domestic circle.
4. They are always in a position which can be got at easily by the hand, usually the right hand.
5. They are characterized by their rapid power of completely healing when protected, and their extremely sudden appearance either on the same or on other sites.

THE BANANA.—Labbe, in the *Presse Médicale*, after a thorough analysis of this fruit, comes to the conclusion that its hygienic and nourishing qualities are such as to merit its use as a regular article

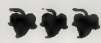
of diet for patients. In comparison with various legumes and fruits he says it is one of those which offer a large degree of energy for a low price.

TO DISGUISE BITTER MEDICINE.—The *New York State Journal of Medicine* says: In order to administer bitter medicines we usually resort to covering them in pills, capsules, or wafers, but sometimes the liquid form is most desirable. Instead of exercising ingenuity in the direction of covering up the medicine, or disguising its taste with other materials, we may go to the physiological taste appreciation of bitterness and modify that. There are certain substances which have the power of paralyzing the terminals of the nerves of taste. Among these is gymnemic acid ($C_{32}H_{55}O_{12}$), a glucoside which is found in *gymnema silvestris* of the British Pharmacopœia. It is also known as *mera-singi* and *kavali*.

This glucoside is similar to glycyrrhizic acid. Gymnemic acid has the curious property of temporarily destroying the sense of taste for sweetness and bitterness, although the taste for salty and astringent substances is not changed. It occurs in the form of a whitish powder which is soluble in water but poorly soluble in diluted alcohol. It is not poisonous, and so far as is known has no harmful action. After rinsing the mouth with a ten or fifteen per cent. solution of gymnemic acid in water, to which a little alcohol has been added, quinine or other bitter medicine cannot be distinguished from sugar.

THE GOSPEL OF TOP MILK.—In the *Journal of the American Medical Association*, Dr. A. Jacobi states that artificial food is not equivalent to woman's milk. Cow's milk cannot be changed into woman's milk. The efficiency of alleged improvements in artificial feeding is liable to be over-estimated and not always received with sound criticism. The advice to add cow's milk fat to cow's milk in order to make it more nutritious or to make its casein more digestible, is dangerous. Between the fats of the woman's and of the cow's milk there are essential physical and chemical differences. The danger of overfeeding with fat can be obviated by reducing its proportion in milk mixtures to two or two and one-half per cent. Cereal decoctions improve the nutrient value and the digestibility of a milk mixture. If ever the baby, while feeding well, does not increase in weight, the intelligent practitioner may be obliged to add carefully and slowly to the caloric value or general nutritiousness of the food mixture by increasing either the cereal decoction or the fat percentage. Feeding cannot be regulated by mathematics so well as by brains and by the wants of the individual baby. The top milk gospel is a heresy.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK, R.N.

TUBERCULOSIS IN TOKIO AND VICINITY *

By TYO ARAKI SAN,
Superintendent Nurses St. Luke's Hospital, Tokio; Alumna of Old Dominion
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JUDGING from statistics, the prevalence of tuberculosis in Japan is much greater pro rata than in America or Europe. Reports from government and reliable private institutions, place the death-rate, exclusive of special classes, at from 25 to 40 per cent.

Among factory workers, milling hands and those leading a laborious and exposed life, such as "rickshaw pullers," street peddlers, etc., the figures range from 55 to 70 per cent. Pleural and peritoneal infections are unquestionably more common in Japan than in the United States.

The bone and joint infections are also very common, and in almost every instance the disease, whatever the seat, seems more resistant to treatment than in America. As a general proposition, it seems correct to state that the Japanese have decidedly *less resistance* to tubercular infection than the average European or American. There are several good reasons to account for this. Before giving them, it is well to state that practically the *whole* population is well informed of the infectious nature of tuberculosis, and fear and general dread of the disease are more apparent than among the general public in the United States. In spite of this fact, the measures taken for its prevention, and modern ideas of fresh air and dietetic treatment are woefully lacking.

Nowhere in Japan is the climate especially bad, and on this, the main island, it is rather better than in many countries where tuberculosis is not so prevalent. Climate would, therefore, seem not to play any very definite rôle as a cause of the disease. The food of the Japanese is poor, and anæmia (a very common disease after thirty), stomach diseases, and poor nutrition are also common.

The Japanese way of building houses makes them very easy of ven-

* Read at the International Congress on Tuberculosis, Washington, D. C., October, 1908.

tilation, but strange to say, no advantage is taken of this fact, and their houses at night are wretchedly ventilated. This lack of fresh air at night, and on cold days, when houses are close-shut, plays an important part in the prevalence of tuberculosis in Japan. The density of the population makes infection easy, and the general poverty of the people prevents adequate curative measures being taken by individuals infected.

Although the public conscience is well aroused to the dangers of tuberculosis, it is very inadequately and carelessly instructed as to the proper modern measures of prevention and cure.

MRS. FLORENCE KELLEY, secretary of the National Consumers' League and well known to nurses, desires it to be made known that she has been placed on a committee with Mrs. Carrie Chapman Catt to secure a monster petition of women, to be addressed to Congress, and asking for the extension of the franchise to the women of the United States by an amendment to the Constitution.

It is desired to have not less than a million names and there are only three months to complete it as it is to be sent to Congress on Lincoln's birthday.

Mrs. Kelley asks for volunteers who will receive blanks and secure names of women over 21 years of age in their localities. Offers may be sent to Mrs. Kelley at 105 E. 22nd Street, New York City, or to Miss Dock, 265 Henry Street, New York City.

JOTTINGS FROM FOREIGN JOURNALS

A VENERABLE and historic figure has recently disappeared from earth—Mother Mary Aloysius, one of the sisters from an Irish Roman Catholic convent who accompanied Miss Nightingale to the Crimea more than fifty years ago. Her book, "A Sister of Mercy's Memories of the Crimea," is delightful, and her own work there was distinguished for its excellence. She had Miss Nightingale's warm regard, and Queen Victoria gave her the Royal Red Cross. Mother Mary died at the age of 94, and two other sisters who also went through the Crimean campaign are still living.

Kai Tiaki, the New Zealand nurses' journal, urges nurses not to think their education complete at the end of their training. It has only begun, and nurses are advised to continue it by some good special work in hospitals before going out into the world.

It is probable that a national nurses' association may soon be developed in New Zealand, formed by the union of several local groups.

Two nurses have been appointed as assistant inspectors of hospitals under the immediate supervision of Miss Maclean, who holds the position

under the government formerly held by Mrs. Neill. The new assistants will inspect private hospitals, and the work of midwives.

A nurse inspector of hospitals has also been appointed in Western Australia, where all hospitals are under governmental control (Government Charities Department). She will also inspect babies' homes. This position is a new creation.

Our dear Sister Agnes Karll is still far from strong. Also her cares remain heavy. Some time ago she had the chagrin of losing a considerable bequest for invalided sisters, because of the dilatoriness of the government in allowing their charter. Now another and smaller bequest must yield up a 5 per cent. tax, from which she has been unable to free it. The older invalided sisters' needs are often cruel and a heavy burden on Sister Agnes' heart and mind.

The German Nurses' Journal has been having a series of articles on "The Woman Movement."

Dr. Lande has written an excellent article on "Military Nurses in Other Countries," for *La Garde-Malade Hospitalière*. It is illustrated by photographs of a Swiss Red Cross nurse, and a charming group of Japanese Red Cross nurses.

Mlle. Granger, one of the Tondou hospital graduates, has been appointed supervising nurse in the women's division of the Civil and Military Hospital in a town of Algiers.

General Picquart, the French Minister of War, has lately visited the hospital at Cambrai, where one of the graduates of the Protestant Hospital at Bordeaux is in charge.

Nosokomos has been translating the chapter on Kaiserswerth and the Deaconess Movement from the "History of Nursing" by Nutting and Dock. It looks very well in the language of Holland.

From the *Bulletin Professionnel des Infirmières et des Gardes-Malades* we learn that the request made by the Women's Societies of the Red Cross to the Minister of War, to allow their members who had taken certain courses of theoretical teaching to have three months' practical work in military hospitals or the military wards of civil hospitals, received a favorable reception in the War Department and has been referred to the medical chiefs of the hospitals. It appears that it may be optional with them to make the necessary arrangements with the Red Cross societies.

This is likely to retard the real nursing movement, and Dr. Lande has discussed the subject in a strong paper which we will note more fully next month.

The seventy-five junior nurses admitted last year to the beautiful new school on the grounds of the Salpêtrière have now been advanced to their senior year and seventy-five more juniors admitted. The administration has had 400 applicants for the vacancies, and is much pleased with the results of the reform.

British institutions that received prizes from the Tuberculosis Congress were the Brompton Hospital for the best hospital exhibit for the treatment of advanced cases of tuberculosis—\$1000; the Brompton Sanatorium, for the best exhibit of the treatment of curable cases, \$500; and the Women's Health Association of Ireland, for the best evidence of preventive work, \$500.

Signs are that the British nurses will soon gain the registration for which they have fought so long and so valiantly. Mr. Sydney Holland has been dislodged from point after point of vantage and he also seems to have exhausted his ammunition. Sir Henry Burdett has long since been left dead upon the field of battle.

LAST month there was only time to mention the newly formed Provisional Committee of the Canadian National Nurses' Association, whose successful inauguration is described in full in *The Canadian Nurse* for November. The meeting of the Society of Canadian Superintendents of Training Schools in October was an inspiring one in every way, and the climax was reached when Miss Snively, the president, who has long been vice-president for Canada in the International Council of Nurses, launched the new association, composed of eighteen provincial or alumnae societies, with the superintendents added, "to promote mutual understanding and unity" between the Canadian associations, and to affiliate with the International Council and so join hands with the nurses of all countries. We rejoice greatly, and warmly congratulate Miss Snively, who was elected president of the Provisional Committee, on this new achievement. The Canadian nurses will be received with open arms next summer in England.

THE woman's movement goes on gloriously abroad. Most impressive of all is the revolt of the women of Turkey from their bondage, and their dramatic bursting into freedom. They have discarded their veils, are forming clubs, lecturing, writing, and speaking. It is conceded that the women have brought powerful aid to the revolutionary or "Young Turkey" party.

In England a woman has been elected mayor of a town, Doctor Elizabeth Garrett Anderson, of Aldeburgh. Miss Dove, of High Wycombe, was nearly elected also, but lost narrowly.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

A REQUEST FOR INFORMATION

DEAR EDITOR: Could you or Dr. Baldy give me any idea of what the compensation should be for a nurse giving anæsthetics for a surgeon who averages from two to five cases daily? And I take this opportunity to thank you for all the good things the JOURNAL brings me each month.

M. C.

[We should like to have further information from nurses engaged in this kind of work.—ED.]

A NURSE'S INFLUENCE

DEAR EDITOR: In speaking to a leader of the national suffrage for women of the attitude of nurses toward political equality I learned the following little history. At the time Wyoming was about to be made a state a certain prominent citizen, of great weight politically, had had in his family a trained nurse who had saved the life of his wife. Deeply grateful, the citizen asked the nurse to name something that he could do for her to show his gratitude, and she said, "votes for the women of Wyoming." He bore witness to his gratitude by inserting the equal suffrage plank in the constitution of the newly made state, and there it is to-day. I would much like to know the name of the nurse who did this truly patriotic service for her country.

L. L. Dock.

HOT SPONGING IN TYPHOID

DEAR EDITOR: For the benefit of the "nurse in India" will give my experience with hot sponging. In 1893 I had as a patient a large woman who had had a two weeks' run of typhoid fever when pneumonia ensued. During the two weeks her temperature was always between 102° and 104°; when symptoms of pneumonia began it persistently remained at 104°. I had tried all means used at that time, when the

doctor said one day: "Try a very hot bath. Sometimes thick tissue holds the fever and if we can get it to the surface, we can take care of it better." I don't know how hot the water was, but just as hot as I could bear my hands in. I put it in a tall, small top pitcher and sponged each part slowly. Even with the rapid respiration the patient seemed relieved and slept five hours, and had less delirium. I sponged twice daily for one week when temperature was reduced to 102°. Later in that year I had a case of "nerves" with pains in the lower extremities; the patient almost never slept at night. Had been told by the doctor "to use any means" I wished to, to "bring comfort" and thought of hot bathing. I used the hot water as in the first case, except on lower extremities, where a rubber sheet covered with a towel was placed under and sponge wet five and six times in order to soothe pain and induce sleep. Relief was slow in coming but in the end I think it proved to be better than drugs. I kept the bathing up for three weeks each evening at 9 o'clock and then watched for results.

AN OLD GRADUATE.

THE SUFFRAGE

DEAR EDITOR: The letters of deprecation because the resolutions approving woman suffrage were not adopted at the San Francisco convention are becoming so numerous, that some word of why they were not, why they should not be adopted, seems pertinent.

Whether woman should have equal political rights with man has nothing to do with the question. I am willing to argue that from my own point of view in the proper time and place, that place is not in the pages of a magazine published in the interests of the nursing profession, nor in a convention assembled "to strengthen the union of nursing organizations, to elevate nursing and to promote ethical standards in all the relations of the nursing profession." What can be found in that quotation from the constitution of The Nurses' Associated Alumnae to warrant a convening of that body in considering woman suffrage? That the convention refused to adopt the resolutions stands to its credit. As a rule a motion made is carried. The eloquence, oratory and ability in argument were with the affirmative: the negative was not well argued, but the instinct was true, and the vote told.

I think that matter could have been thrown out as irrelevant, as not being a matter suitable for consideration by that assembly, but we were unprepared and if it was, as it has been characterized "a hasty snap-shot verdict," the verdict was only in keeping with an irrelevant motion sprung upon us.

Baldly, flatly put, the subject of suffrage, or political equality, is none of our profession's business. We have no more call for considering it than we have for considering the Mohammedan, or any other faith. We as individuals are very different. We do have, should have, our religious faith, our political party, our opinion on suffrage, on temperance, on any and every question that thinking men and women consider; but we as members of a profession, of *our* profession!

Rightly interpreted the action of the convention is distinctly to its credit. It is no reflection on the woman suffrage movement that those resolutions were not adopted. We should think it rather absurd if the members of a medical convention adopted resolutions concerning woman suffrage; and there you are, where is the difference!

The argument that the suffrage question takes rank with social hygiene, moral prophylaxis, almshouse reform, etc., does not hold water. The first two are distinctly within the range of our profession's interests and responsibilities. The almshouse reform, like the care of the great middle class, is more of a civic, philanthropic duty than one for our profession as a whole, a duty which we have as individuals rather than as members of our profession. The matter of woman suffrage is one on which as members of our profession we should have no opinion whatever.

Hoping that a saner view of the convention's action may be taken, and that in the future advocates of any cause may give more careful consideration of its fitness before introducing it for our deliberation,

I am most sincerely

AN EASTERN DELEGATE.

HOW SHALL FUNDS BE RAISED FOR THE ALUMNÆ TREASURY?

DEAR EDITOR: Will some interested alumnus suggest how a small association may raise funds? The town is comparatively small. The hospital is supported by subscriptions and we feel that we do not want to appeal to the public in any way that would lessen the subscriptions to the hospital.

But our association is small and young and funds are necessary to carry on the work planned.

Any suggestions would be gratefully received.

T. E. M., R.N.

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

NEW MEMBERS OF THE ASSOCIATED ALUMNÆ

At a meeting of the executive committee of the Associated Alumnæ, held in New York on October 30, the following associations were admitted to membership: the alumnæ associations of Miami Valley Hospital, Dayton, Ohio; Asbury Methodist Episcopal Hospital, Minneapolis; Swedish Hospital, Minneapolis; the Washington State association, and the following city and county associations: Wayne County, Detroit; Nurses' Registry Association, Colorado Springs; Hennepin County, Minneapolis; Graduate Nurses' Association, Des Moines; Jefferson County, Louisville; San Francisco County; Pierce County, Tacoma; Ramsey County, St. Paul; and Monroe County, Rochester.

APPOINTMENTS IN NEW YORK

THE Regents of New York State have recently appointed two members to the Board of Nurse Examiners, Miss Jane Elizabeth Hitchcock, of New York, to succeed herself, and Miss Lina Lightbourne, of Syracuse, to succeed Mr. L. Bissell Sanford, deceased. Miss Cadmus was appointed to the board of Regents' Councillors in place of Mrs. E. M. Simpson who is not now residing in the state.

THE PROGRESS OF THE ALMSHOUSE INVESTIGATION

THE committee of the National Associated Alumnæ on the almshouse nursing question still stands, and the chairman has sent out this fall a communication to each state president which it is hoped will be read at the first regular meeting of each state society.

The thing that seems most urgent and most promising for this winter is, *to concentrate attention on getting some nurses placed in almshouses.*

A sufficient number of visits and reports have been made to show that there is, practically, no nursing in almshouses (with a few rare exceptions). Now, what our state societies are strongly urged to do is this: Look over your state and select just *one almshouse* for your attack. Get a nurse into it in charge of the sick, with as much authority in her limited bounds as possible, and as fair a salary as possible, in order that you may command a good type of nurse; or, of course, if you can find some good nurse of independent means who will make the experiment at first at her own expense as a contribution to the world's work and in order to make a demonstration, this will be a special opportunity. To put the nurse into the almshouse, get women's clubs, or churches, or physicians

or anyone who will, to help you and to stand in support of the claim. The influence of the recent Congress on Tuberculosis will be strong for you if you invoke it, as you will be able to show that there is practically *no isolation* of tubercular cases in the average almshouse. Physicians are already beginning to take steps in protesting against this.

If, next summer at our meetings, it could be shown that each state had placed one nurse in an almshouse, this, I think, would be a beginning well calculated to gratify and encourage everyone interested. What state will be the first?

L. L. DOCK, Chairman of Committee.

CHANGE IN ADDRESS OF THE SECRETARY OF THE ASSOCIATED ALUMNAE

THE address of the secretary of the Associated Alumnae, Sarah E. Sly, has been changed from Birmingham, Michigan, to 247 Farnsworth Street, Detroit, Michigan. Agnes G. Deans, who is in charge of the Nurses' Central Directory in Detroit, and who has been closely identified with every progressive movement among the nurses of Michigan, will assist Miss Sly with the Associated Alumnae correspondence during the winter.

SARAH E. SLY, Secretary.

NEW HAMPSHIRE STATE MEETING

THE Graduate Nurses' Association of New Hampshire will, at the quarterly meeting in December, discuss the subject of county associations and the amendment of the constitution and by-laws to allow representation of the county or alumnae associations in the state association.

IDA A. NUTTER, R.N., Corresponding Secretary.

MINNESOTA EXAMINATION

THE Minnesota State Board of Examiners of Nurses will hold the next examination for state registration of nurses, Friday, Dec. 11, 1908, at St. Luke's Hospital, St. Paul, Minnesota, at 9 A.M. Applications for examinations must be in the hands of the Board of Examiners twenty days before this date and may be sent to HELEN M. WADSWORTH, R.N., Secretary, St. Luke's Hospital, St. Paul, Minn.

ILLINOIS STATE BOARD OF EXAMINERS

A MEETING of the Illinois State Board of Examiners of Registered Nurses was held in Chicago, Tuesday, November 11, 1908. Helen Scott Hay was elected president and Bena M. Henderson, secretary. Two committees were appointed to facilitate the work of the Board, the Misses Wheeler, Hanrahan and Mathews on Constitution and By-laws, and Miss Henderson and Miss Hanrahan on Hospital and Training-school Data. As soon as the board is in a position to act upon applications, notice will be given through the AMERICAN JOURNAL OF NURSING.

BENA M. HENDERSON, Secretary.

STATE MEETINGS

CONNECTICUT.—The regular quarterly meeting of the Graduate Nurses' Association of Connecticut was held at the nurses' home, 27 Manwaring Street, New London, Conn., on November 4, Miss Martha J. Wilkinson presiding.

The meeting was opened with prayer by the Rev. Dr. Bixler, of the Second Congregational Church. Subject of the meeting: The Antituberculosis Campaign.

Miss Wilkinson gave a most interesting and instructive description of the tuberculosis congress which she recently attended in Washington, D. C.

Brief reports were heard from several cities regarding what the nursing profession is doing in tuberculosis work.

Little Miss Madeline Gould entertained the association with some choice music. Tea was served by the nurses of the home.

The February meeting will be held in Danbury.

Copy of resolutions adopted by the Graduate Nurses' Association of Connecticut:

WHEREAS, The question of woman suffrage, being a subject beyond the limits of our profession's consideration, and a subject on which it has no reason for deliberation or right to an opinion,

Be it resolved, That the Graduate Nurses' Association of Connecticut heartily endorses the action of the Associated Alumnae of the United States in its refusal to adopt resolutions in favor of woman suffrage.

Be it further resolved, That this association deprecates any and all attempts to bring any extraneous and unprofessional matter before our nurses' associations for their consideration, approval or acceptance.

EDITH BALDWIN LOCKWOOD, R.N., Secretary.

MISSOURI.—The third annual meeting of the Missouri State Nurses' Association was held in Kansas City on October 14, 15 and 16. This meeting was very interesting and beneficial to every one present. A number of especially interesting papers were read and discussed. The principal subject under discussion, however, was the bill for state registration which Missouri hopes to be successful with this year.

The features of entertainment were a banquet held at the Densmore Hotel, an automobile tour of the city's boulevards, a visit to Kansas City's new General Hospital, and a reception by the University Nurses' Alumnae.

The following officers were elected: president, Charlotte B. Forrester; first vice-president, Eleanor Keeley; second vice-president, May Charlesworth; secretary, Anna Love; corresponding secretary, Eva Roseberry; treasurer, Mary Stebbins. Chairmen of committees—Ways and Means, Mena Shipley; Arrangements, Louise Dierson; Credentials, Mrs. D. Whitmer.

NEBRASKA.—The Nebraska State Association of Graduate Nurses held its second annual meeting in Omaha, Nebraska, October 20. Following the business and the election of officers for the year, the chief topic of discussion was the bill providing for the registration of nurses, which the nurses will bring before the next Legislature, January, 1909. The society numbers 118 members.

The following officers were elected for the year: president, Nancy L. Dorsey; vice-president, Carrie Louer; secretary, Mrs. A. G. Pinkerton; treasurer, Mary Dueker.

MRS. A. G. PINKERTON, Secretary.

NEW YORK.—The seventh annual meeting of the New York State Nurses' Association was held at the Genesee Hotel, Buffalo, N. Y., October 20 and 21.

The meeting was called to order by the president, Mrs. Burrill, at 10 A.M. The opening prayer was made by Bishop J. F. Berry. The Hon. J. N. Adam, Mayor of Buffalo, made the address of welcome. Response by Miss Annie Damer.

The minutes of the meeting held in Syracuse in 1907 were read and approved, also the report of the Executive Committee.

The treasurer's report showed the following interesting figures:

Balance from former treasurer.....	\$919.59
Receipts during year.....	880.89
	<hr/>
	1800.48
Disbursements	1286.15
	<hr/>
Balance	\$514.33

In disbursements are included the appropriations made at the 1907 meeting, viz., to Associated Alumnae for stock in AMERICAN JOURNAL OF NURSING, \$250; Hospital Economics Course for Endowment Fund, \$250; Hospital Economics Course for Current Expenses, \$200.

The credentials committee proposed the following associations and individuals for membership in the association.

The Alumnae Association of the Saratoga Springs Hospital; the Alumnae Association of the Jackson Sanatorium, Dansville, N. Y.; Ida Marker, Syracuse; Bella J. Fraser, Albany; Charlotte M. Perry, Utica. They were elected.

The president's address followed the reports of the standing committees.

Miss Jane M. Pindell, R.N., read a paper on Red Cross Work, after which the association adopted a resolution to appoint a committee consisting of our delegate to the Associated Alumnae and five others to confer with the committee on Red Cross Work of that association.

The by-laws were carefully gone over and the amendments proposed by the committee on revision of by-laws were adopted.

At the close of the morning session the delegates were entertained at a delightful luncheon by the nurses of Buffalo.

Evening session, October 20. The evening was devoted to the reading and discussion of the following most interesting papers: "Work in the Public Schools," L. L. Rogers, R.N. "State Registration—What it Has Done and What it Fails to Do," Sophia F. Palmer, R.N. "The Newer Interpretation of Charity as Practiced by the New York Association for Improving the Condition of the Poor," H. G. Franklin, R.N. "The Nurse as an Educator," Dr. Franklin W. Barrows, Buffalo, N. Y.

An informal reception held in the hotel parlors closed a most delightful evening.

Wednesday, October 21, at 9 A.M., the superintendents of training schools held an informal meeting. The regular meeting was called to order at 10 o'clock. The roll call showed the best attendance in our history. Miss Alline gave her report as training-school inspector. Miss Damer reported for the Board of Nurse Examiners.

The papers followed: "Post-Graduate Work in Hospitals," Anne W. Goodrich,

R.N. "Social Welfare Work," Dr. Lucy Bannister. After discussion of these papers the meeting adjourned to the Buffalo General Hospital for a most instructive clinic and talk by Dr. Roswell Park.

Afternoon session. After the meeting was called to order the papers presented were: "Recent Developments in Graduate Work," M. Adelaide Nutting, R.N. "Affiliation of Training Schools, Its Advantages and Disadvantages," Lina Lightbourne, R.N. "The Advantages of Affiliation Between the Insane and General Hospitals," Dr. Arthur D. Hurd. "Is the Mercenary Spirit too much in Evidence Among Nurses? If so, What is the Remedy?" Dr. De Witt G. Wilcox. "The Nurse of To-day in Nervous Work," Dr. James W. Putnam.

After general discussion, unfinished business was taken up. Mrs. H. D. Burrill was appointed delegate to the Associated Alumnae in 1909.

The tellers reported the following officers elected: president, Mrs. H. D. Burrill, R.N., Syracuse; first vice-president, Anna Alline, R.N., Albany; second vice-president, Ida Root, R.N., Gloversville; treasurer, Lina Lightbourne, R.N., Syracuse; secretary, Grace Arnold Knight, New York City.

The meeting adjourned to meet in New York City in 1909.

Respectfully submitted,

FRIDA L. HARTMAN, R.N., Secretary.

OHIO.—The fifth annual meeting of the Ohio State Association of Graduate Nurses was opened at Hotel Secor, Toledo, Ohio, on October 26, with its president, Miss Katharine Mapes, in the chair.

Tuesday morning was devoted to a business meeting of the Board of Trustees and they were given a luncheon at Robinwood Hospital at noon.

The afternoon session was called to order at 2.30. The Rev. George R. Wallace of the First Congregational Church invoked Divine blessing and the Hon. Brand Whitlock, mayor of the city, welcomed the association in a most cordial manner.

Dr. C. N. Smith addressed the meeting and was listened to with much interest. Miss Greenwood, in the absence of Miss Fisher, responded in her usual pleasing way, after which Miss Mapes delivered her address which voiced the sentiments of all.

The report of the convention of the Nurses' Associated Alumnae, held at San Francisco, was read by Miss Unger. This paper was written by Miss Ellen Kershaw, of Columbus, and gave a most interesting account of the meeting in the far west.

The remainder of the session was taken up by the reading of reports of officers, and adjournment was had at 4 that the members might accept the invitation to tea at St. Vincent's Hospital.

A reception was held at Hotel Secor from 8 to 10 in the evening.

At the Wednesday morning session, after the presentation of various committee reports, the question of the Nurses' Registration Bill was brought up and discussed. It was decided to have printed a thousand copies of the proposed bill for distribution among nurses and physicians in order that a better understanding of the bill might be had.

The report of Miss Elsie McDowell of the International Congress on Tuber-

culosis held in Washington, D. C., was of great value to all, and a lively discussion followed the reading of the paper.

The Graduate Nurses' Association of Toledo entertained the guests at a luncheon at the Secor at noon.

The first paper read before the afternoon session was by Miss Anna Lawson, of Akron, Ohio, on "Present Methods of Hospital Training; Special Advantages to the Pupil Nurse and the Hospital as Compared with Former Methods."

The ensuing discussion was of especial interest to training-school superintendents.

One of the best papers was that on "New Methods in Surgical Nursing," by Miss Ellis, of Cleveland.

The subject of "New Methods in Medical Nursing," was handled very ably by Miss K. Ellison of the City Hospital at Cincinnati. Following the reading of this paper Miss Florence A. Bishop, of Cincinnati, read her paper on "Nursing in Diseases of the Eye and Ear."

The discussion on these papers was opened by Miss Mabel Morrison, of Robinwood Hospital, Toledo, followed by Mrs. Robb, Miss Lawson, Dr. Smith and others.

The reports of the babies' dispensaries at Cleveland and Columbus were read.

Mrs. Robb, as chairman of the Red Cross Committee, gave a talk in regard to the advisability of affiliating with the Red Cross, so that in times of disaster a band of nurses would be in readiness to respond to any appeal for help.

Columbus was selected as the next meeting place, and the following officers were elected: president, Miss M. H. Pierson, Columbus; first vice-president, Miss Katherine Mapes, Toledo; second vice-president, Miss E. A. Doe, Columbus; third vice-president, Miss E. M. Ellis, Cleveland; fourth vice-president, Miss E. P. Crandall, Dayton; fifth vice-president, Miss M. H. Greenwood, Cincinnati; sixth vice-president, Miss Olive Fisher, Cleveland; secretary, Miss M. L. Johnson, Cleveland; treasurer, Miss M. A. Lawson, Akron.

The report of the treasurer showed a substantial balance in the treasury, and the long list of new members was indicative of a very healthy growth in the association.

M. L. JOHNSON, Secretary.

WEST VIRGINIA.—The Graduate Nurses' Association of West Virginia met in Fairmont, October 13, 14 and 15. Forty-six members were present, and the greatest interest was manifested by all attending. The papers presented were ably written, and were of unusual interest. The association was honored by the presence of Miss Palmer, editor of the *AMERICAN JOURNAL OF NURSING*, who read a valuable paper on the "Educational Value of Registration."

The second evening was set apart as an "antituberculosis evening"—three papers being read, all bearing on this great subject. This meeting was held in the Miners' Hospital, and after the papers, refreshments were served.

The following day Mrs. Carpenter, of the City Hospital, Wheeling, read a paper on "Nursing of the Convalescent"; Miss Carolyn Arnold, of Fairmont, gave a paper on "The Private Nurse"; Dr. Durette, of Fairmont, read a carefully prepared paper on the "Life of Florence Nightingale," and Miss Sencindiner, of Martinsburg, contributed a paper on "The Nurse, Trained, and Untrained."

The following were elected to serve as officers for a year: president, Mrs. Lounsbery, R.N., of Charleston; vice-presidents, Mrs. Mary G. Carpenter, R.N., Wheeling; Mrs. Maude Kendall, R.N., Fairmont; Alpha Millette, R.N., Glendale; E. Williams, R.N., Parkersburg; Miss Morierty, R.N., Wheeling; Miss Vernon, R.N., Fairmont; Mrs. Deegan, R.N., Wheeling; secretary, Mrs. M. F. Dudley, R.N., Wheeling; treasurer, Lula McMahon, Wheeling.

Mrs. Lounsbery was elected delegate to the meeting of the Associated Alumnae in Minneapolis; Miss Simmons, of Fayetteville, alternate. On invitation of Parkersburg nurses, the association voted to go there for its next meeting.

The Fairmont nurses took the visitors on a charming trolley ride to Clarksburg, eighteen miles distant, and gave them a delicious supper there, at the Hotel Waldo, after which all separated with a lively sense of the kindness and hospitality of the Fairmont nurses.

MRS. M. F. DUDLEY, R.N., Secretary.

DISTRICT OF COLUMBIA.—The annual meeting of the Graduate Nurses' Association was held Nov. 3.

Reports from the various committees were heard and the result of the election of officers for the coming year was announced as follows: president, Anna J. Greenlees; first vice-president, tie; second vice-president, Myra L. Drake; secretary, Lily Kanely; treasurer, Peron E. Jennings; councillors, Georgia Nevins, Katharine Rothnell, Lucy Drake, Mary M. Winner, Cora Kibler, Helen Gardner.

Miss Greenlees read a very interesting paper on "What May be Done by the Association in the Future?"

The subject of "sick relief fund" for the nurses in the District was discussed to some extent and a committee appointed to bring the subject before the alumnae associations and report at a later meeting.

This association desires to coöperate with the Antituberculosis Society of the District and a committee was appointed to find out in what way it could best be done.

A pleasant social hour followed adjournment; light refreshments were served.

PENNSYLVANIA.—The sixth annual meeting of the Graduate Nurses' Association of Pennsylvania was held October 14, 15 and 16 in the College of Physicians and Surgeons, Philadelphia. Miss Roberta M. West presided and the Rev. Dr. Turnbull opened the meeting with prayer.

The program consisted, the first day, of addresses of welcome, and the president's annual address; the second day was given up to addresses and discussion of state registration and how to obtain it. On Friday, Miss Stanly gave a very interesting account of the school nurses' work. Miss Hottstetter gave some very interesting information concerning dispensary tuberculosis work. Mr. Steinmetz of the Red Cross Society also gave a brief address.

Miss West, the president, in reviewing the work of the past year, pointed to *The Quarterly*, our own official organ. In this magazine will be published minutes of our meetings, and other items of interest to Pennsylvania nurses.

Mrs. M. I. Moyer, business manager, Stratford, Penna., will be happy to receive subscriptions at the rate of one dollar per year. Miss West urged upon the members that each one should try to aid the Legislative Committee in bringing our bill to the notice of physicians and legislators, explaining its objects, and influencing them to take an interest in the passage of the same. Work in other lines has been for the present laid aside, and great effort is being made to secure the passage of our bill at the next meeting of the Legislature. To this end, Miss Ida F. Giles was appointed field secretary to stump the state in the interest of our bill, meeting the medical societies and getting their endorsement, explaining the true meaning of our bill to politicians.

The old officers, with two new directors, were elected to serve the ensuing year as follows: president, Roberta M. West; first vice-president, Elizabeth B. Reid; second vice-president, Lydia A. Giberson; secretary, Annie C. Nedwill; treasurer, William R. McNaughton; directors, Nellie M. Cummuskie, Ida F. Giles, Caroline V. Perkins and Mrs. M. I. Moyer.

Wednesday evening the Medico-Chirurgical Hospital entertained, and on Thursday, tea was served at the nurses' home of the Philadelphia Hospital (Blockley). The luncheons served by the Arrangement Committee were very much appreciated.

On Friday afternoon the meeting adjourned to meet in Williamsport the third week in April, 1909.

ANNIE C. NEDWILL, Secretary.

REGULAR MEETINGS

CANADA.—The second annual convention of the Society of Canadian Superintendents of Training Schools was held in Ottawa on October 8 and 9. Papers were read on "The Early Hospital History of Canada," by Miss Meiklejohn; "The Trained Nurse in the World's Work To-day," by Miss Brent; "Training-School History," Miss Green; "Preliminary Training," Miss Stanley; "A Day's Work," Mrs. Harris; "The Nursing of Children," Miss Potts; and "The Visiting Nurse," Miss Shaw. The great work accomplished was the formation of a Canadian National Society of Trained Nurses, embracing eighteen different nursing organizations, of which the Superintendents' is one. Application will be made for admission into the International Council of Nurses. The constitution of the national organization is very simple, and the officers are: president, Miss M. A. Snively, of Toronto; secretary-treasurer, Florence M. Shaw, Montreal. Delegates from the affiliating societies were very largely present, coming even from Vancouver.

BROOKLYN, N. Y.—The annual meeting of St. John's Hospital Training School alumnae association was held on June 1, in the lecture room of the hospital, with Miss McBee, the treasurer, in the chair. Miss Jane Hunter was appointed to act as secretary pro tem. A letter from the president, Miss Hale, was read and the treasurer's report was read and accepted. Seven members were present. The following officers were elected: president, Mabel McKinlay; vice-president, Mrs. B. J. Thuring; secretary, Edith Pearson; treasurer, Jane Hunter.

DAYTON, OHIO.—On October 14, the opening meeting of the Graduate Nurses' Association of Dayton and vicinity for the year 1908-1909 was held at the Memorial Home of the Miami Valley Hospital. Dr. L. G. Bowers gave a very interesting talk on "Post-operative Care of Abdominal Cases."

The different committees presented their reports, showing the work had not been entirely forgotten during the summer. There was a good attendance. A social hour followed adjournment.

DENVER, COL.—The regular monthly meeting of the Colorado Training-school Alumnae was held at the home of Miss L. G. Welch on October 13. After the necessary business was attended to the meeting adjourned, and a very pleasant social time was enjoyed by all present.

HARTFORD, CONN.—The fifth annual meeting of the Graduate Nurses' Benefit Society of Hartford, Conn., was held Tuesday, October 20, and the following officers reelected: president, Martha J. Wilkinson; vice-president, Sarah Harrison; secretary, A. H. McCormac; treasurer, Jane Wheeler. The revised constitution of the society was accepted, and a printing committee of three, Alice Smith, Miss Doyle and Miss McCormac, appointed to have said constitution printed and distributed.

HARTFORD, CONN.—The annual meeting of the Hartford Hospital Alumnae Association was held at the nurses' residence, 37 Jefferson Street, on Tuesday, October 20. The election of officers resulted as follows: president, Alice Smith; first vice-president, Ada Dalton; second vice-president, Mary Wright; recording secretary, Harriet Waterman; corresponding secretary, Katherine Anabel; treasurer, Grace Bunce. Hannah Russell was appointed to arouse interest in, and obtain subscriptions for, the AMERICAN JOURNAL OF NURSING, which work she began immediately after the meeting adjourned. It was voted to hold monthly meetings for discussion during the coming year, and the first topic will be "The Advantages Derived from the AMERICAN JOURNAL OF NURSING by the Nurse in Private Work." The association is invited to hold its first meeting at the new headquarters of the Visiting Nurses' Association—124 Windsor Avenue. The alumnae association voted five dollars annually to the library fund of the Hartford Hospital Training School; and also voted that twenty-six dollars, the balance of the one hundred dollar pledge to the Hospital Economics Fund, be forwarded from the treasury. Miss Martha J. Wilkinson gave an interesting talk on the recent international tuberculosis congress at Washington, to which she was a delegate.

LOUISVILLE, KY.—The alumnae association of John N. Norton Memorial Infirmary held its fourth annual meeting, October 21, in the nurses' home. Twenty-five nurses were present. A successful year was reported, with ten new members. Officers elected were as follows: president, Anna E. Rece; first vice-president, Elizabeth Robertson; second vice-president, Anna Flynn; secretary, Ella Francis; treasurer, Emma Isaacs.

ORANGE, N. J.—The annual meeting of the Alumnae Association of the Orange Training School for Nurses was held at 11 Chestnut Street, East Orange, on October 28. Thirty members were present, and a very interesting annual report was read by the secretary, Miss Julia Bronis.

Miss M. B. Squire reported on behalf of her committee that \$102 had been contributed by the members towards the course of hospital economics at Columbia College. The subject of the New Jersey State Nurses' Association was brought up, and the members were specially urged to give their earnest attention and help towards furthering the interests of this association during the coming year.

The president reported that there was still a balance on hand of \$20 that had been contributed towards the tuberculosis work in the Oranges, and a motion was made that the money be sent to the Secretary of Tuberculosis Society.

The election of officers for the ensuing year was as follows: president, Bertha Gardner; first vice-president, Marietta B. Squire; second vice-president, Jane Creveling; secretary, Beatrice M. Druge, 25 Waverly Place, Orange, N. J.; treasurer, Eleanor Anderson.

At the close of the meeting refreshments were served, and a pleasant time followed.

SARATOGA SPA, N. Y.—The Alumnae Association of Nurses of the Saratoga Hospital, Saratoga Spa, N. Y., which was organized earlier in the year, was elected a member of the New York State association at the October meeting at Buffalo.

The officers of the association are as follows: president, Carrie M. Eighmey; vice-president, Bertha E. Tripp; secretary, Mary E. Tanner; treasurer, Constance E. Cuthbert.

The association is looking forward to furnishing and maintaining a room in the new hospital which is to be built in the near future.

BOSTON, MASS.—The thirteenth annual meeting of the Massachusetts General Hospital Alumnae Association was held in the Thayer Library, October 27, with thirty-four members in attendance.

After some discussion on changing Article X of the by-laws, a motion was made and carried to drop the initiation fee and raise the annual dues to two dollars.

The election of officers followed: president, Emma A. Anderson; first vice-president, Helen Clair; second vice-president, Alice O. Tippet; treasurer, Annie H. Smith; secretary, Mary L. Cole; auditors, A. McCrea and Helen Finley.

The usual social hour followed, Miss Dolliver presiding at the tea table.

NEW YORK, N. Y.—The annual meeting of the Alumnae Association of the Roosevelt Hospital Training School for Nurses was held at the hospital on November 5, when the following officers were elected for the ensuing year; president, Nona Charles; vice-president, Jessie B. Downing; secretary, Lelia Ross; treasurer, Elizabeth Burgess; trustees, Charlotte S. Ring, Elsie M. Gallo-way, Anna Campbell, Jean Syne, and Della Dennison.

DETROIT, MICH.—At the annual meeting of the Grace Hospital Alumnae Association the following officers were elected: president, Rachel Mulheron; first vice-president, Frances Drake; second vice-president, Emily Rankin; treasurer, Elizabeth McCaw; secretary, Martha S. Townsend; alumnae historian and chairman of program committee, Emily Rankin.

CLEVELAND, O.—The St. Clair Hospital Nurses' Alumnae Association gave an afternoon tea, November 5, in the parlors of the hospital, with the members of the graduating class of 1908, Teresa J. Stinson, Julia L. Jaeger, and Nancy E. Walker, as guests of honor. The members of the hospital's Lady Board of Managers were also guests.

In the evening, the alumnae held a short business meeting and admitted the graduates of 1908 to membership. The officers are: president, Mrs. Mary Altringer; vice-president, Nellie Ruff; recording secretary, Alice Kirby; corresponding secretary, Grace Colegrove; treasurer, Kathleen Hamilton.

SYRACUSE, N. Y.—On October 29, the Nurses' Alumnae Association of the Hospital of the Good Shepherd held its regular monthly meeting at the Waverly Avenue nurses' home.

There were a large number present and much interest was expressed in the discussion of a sick benefit fund and an endowment fund. There was a unanimous expression in favor of retaining the present alumnae room in the hospital, but the question of the two funds is still open.

The announcement of the re-election of two members of this association, Mrs. H. D. Burrill as president, and Miss Lina Lightbourne as treasurer, in the state association, and of Miss Lightbourne as state examiner was heartily received.

DANVILLE, N. Y.—The Alumnae Association of the Jackson Sanatorium was incorporated September 22, with seventeen charter members. The membership now numbers thirty, and has been incorporated in the New York State Nurses' Association. The following officers have been elected for the ensuing year: president, Elizabeth MacCallum; first vice-president, Rose Bonner; second vice-president, Isabelle Jackson; treasurer Maud Dunning; secretary, Alma McCumber; historian, Marie Paterson.

NEW YORK.—The German Hospital Alumnae Association gave a concert on October 7 in the Astor Gallery of the Waldorf Astoria, for the purpose of establishing a fund for a home for nurses.

The concert was arranged by Mr. Hans Kronold, 'cellist, with the assistance of Miss Mary Lansing, soprano; Mr. R. C. Campbell, tenor, and Mr. Arthur Gramm, violinist. The result was both an artistic and financial success. The treasurer was happy to be able to report a receipt of \$1143.

At the annual meeting of the German Hospital Alumnae Association in November, the following officers were elected: president, Gustava Sillcox; first vice-president, Bertha Rahm; secretary, Emma Lindheimer; treasurer, Lena Rieke.

ROCHESTER, N. Y.—The annual meeting of the alumnae association of the Rochester Homœopathic Training School was held at the hospital November 3, and was well attended. Elizabeth Webber was re-elected president. The reports, for the year, of the different committees were then read. The Allerton Memorial Committee reported that there were only seventeen days, when the Allerton Memorial Room of four beds was not occupied. The relief committee which is aiding the city nurse, reported good work.

Eight graduates of the class of 1908 were accepted as members.

A professional quiz was arranged for by the entertainment committee and held at the home of Jessie Lockwood. There were twenty members present. After a most interesting as well as instructive "quiz," refreshments were served.

NEW YORK, N. Y.—At the annual meeting of St. Luke's Alumnae Association held November 10, the following members were elected to office: president, Isabel Lount Evans, R.N., 35 East 67th Street; vice-president, S. S. Spalding, R.N., 400 West 152nd Street; treasurer, Mrs. S. C. Carlton, R.N., 206 East 17th Street; recording secretary, Mrs. Hugh R. Jack, R.N., 909 Ave. St. John; corresponding secretary, B. A. Blackman, R.N., 3 West 92nd Street.

NEW HAVEN, CONN.—The regular monthly meeting of the Connecticut Training School for Nurses Alumnae Association was held at the nurses' dormitory November 5. The meeting was called to order at 3.20 P.M. Minutes of previous meeting read and accepted. Anna F. Ennis and Mrs. J. L. Patterson Bassett were admitted as members. The following were appointed members of the Executive Committee: Mrs. M. J. C. Smith, Miss Lanfare, Miss Payne, Miss Mary Lewis.

A circular letter from Miss Lavinia L. Dock relating to the action the Associated Alumnae of the United States took in regard to woman suffrage was read.

The following resolutions were passed:

WHEREAS, The question of woman suffrage being a subject beyond the limits of our profession's consideration, and a subject on which it has no reason for deliberation or right to an opinion,

Be it Resolved, That the Alumnae Association of the Connecticut Training School for Nurses heartily endorses the action of the Associated Alumnae of the United States in its refusal to adopt resolutions in favor of woman suffrage.

Be it further Resolved, That this Association deprecates any and all attempts to bring any extraneous and unprofessional matter before our nurses' associations for their consideration, approval, or acceptance.

No further business. Meeting adjourned.

CHICAGO, ILL.—A reception was recently given at the nurses' home, Illinois Training School, by the alumnae association in honor of Mrs. Flower, former president of the Board of Managers, in which capacity she gave a splendid service to the advancement of the school, in every particular. Among the invited guests were Mrs. C. B. Lawrence, the beloved and respected president of the first board, and Mrs. Frederick A. Smith, present president of the board.

The reception followed the regular monthly meeting of the *alumnæ* association the program being given on this occasion in Cook County Hospital amphitheatre, where operating-room nurses from Augustana, Presbyterian, and Illinois Training Schools gave a demonstration of various procedures in surgical work for the benefit of the older graduates. This proved to be one of the pleasantest and most interesting meetings of the year.

UTICA, N. Y.—The annual meeting of the *Alumnæ* Association of St. Luke's Hospital was held at the hospital on November 3. The following officers were elected: president, Kathrine Welch; vice-president, Henrietta Wood; secretary, Anna Baker; treasurer, Estella Jenkins.

BROOKLYN, N. Y.—At the October meeting of the *Alumnæ* Association of the Methodist Episcopal Hospital Training School \$5000 was handed over to the Board of Managers, being the first payment of the \$20,000 required to endow a room in the hospital for sick nurses. This sum of money has been raised entirely by the *alumnæ* association and represents considerable hard work and self-denial on the part of the nurses.

Dr. Kavanagh, the superintendent of the hospital, was present at the meeting and assured the *alumnæ* association of the appreciation and support of the board which, in the near future, may take a more tangible form.

PERSONALS

EMMA HENNING has resigned her position as assistant superintendent of the Jewish Hospital, Philadelphia, and has assumed charge of the City Hospital, Natchez, Miss.

LILIAN O'NEIL, R.N., class of 1902, Colorado Training School, has resigned from her position in the Visiting Nurse Association to take up visiting nurse work in Mexico City. The *alumnæ* feels the loss of one of its best workers.

ETTA JAMIESON is to continue tuberculosis dispensary work in St. Paul, Minnesota, all winter, her salary being assured by Mr. James J. Hill of the Great Northern Railroad.

ADDA KNOX, of St. Luke's, Duluth, is at St. Mark's Hospital, Fairbanks, Alaska.

MAE CHAMBERLAIN, class of 1900, Roosevelt Hospital, has been appointed to the staff of school nurses, New York City.

MISS CUTHBERTSON, New York Hospital, is superintendent of the New York Infant Asylum. Miss Stimson is superintendent of the training school at Harlem Hospital. Miss Hinch is superintendent of the training school at the Paterson General Hospital. Frances Nelson, Helen Moir, and Miss Lawrence have sailed for Rome, where they expect to do nursing this winter. Miss Osborne, class of 1907, is assistant superintendent of the training school of the Brooklyn Hospital. Miss Anderson has resigned her position of assistant superintendent at Mt. Sinai Hospital on account of ill health.

BERTHA L. KNAPP of the University of Michigan Training School, class of 1903, has recently been appointed superintendent of nurses at Wesley Hospital, Chicago. Miss Knapp was assistant superintendent of nurses in her Alma Mater, when she left to do visiting nurse work in Chicago. She was district supervisor in the Chicago Visiting Nurses' Association at the time she accepted her present position.

MILLCENT MITCHELL, assistant superintendent of nurses of Wesley Hospital, Chicago, graduated with the class of 1905, since which time, until coming to her present position, she was engaged in private nursing and as house nurse at Moody Bible Institute.

FOUR graduates of the Pennsylvania Hospital, Philadelphia, who have recently completed the head nurses' course in that institution, have been appointed, within the last month, superintendent of nurses at the following hospitals: Emily Ashton Holmes, Hamot Hospital, Erie, Pa.; Margaret Gordon, Germantown Hospital, Germantown, Pa.; Margaret Lehmann, Methodist Episcopal Hospital, Indianapolis, Indiana; Helen Elizabeth Spucher, The American Hospital for Diseases of the Stomach, Philadelphia, Pa. Elizabeth Walker, class of 1900, Pennsylvania Hospital, has resigned her position as superintendent of nurses in Municipal Hospital No. 1, Havana, Cuba, and is taking a much needed rest with relatives in Ireland. Upon her return to Philadelphia, she intends taking up institutional work.

ELENE WEAVER, graduate of Hope Hospital, Fort Wayne, Indiana, who has been doing hourly nursing in that city for several years, is now engaged in similar work at Los Angeles, Cal. The alumnae regret her loss as secretary. Miss Melville, Mrs. Wilkinson, and Mrs. Edgerly have returned from the Boston Floating Hospital, where they took the summer course. Miss Melville has accepted a position as head nurse in one of the wards of the Children's Memorial Hospital, Chicago, and Mrs. Edgerly has been appointed superintendent of nurses in the training school connected with the hospital of the Soldier's Home at Lafayette, Ind.

MARIAN C. MASON, class of 1908, Jackson Sanatorium Training School for Nurses, Dansville, N. Y., has accepted the position in charge of the Dispensary of Lakeside Hospital, Cleveland, Ohio.

THE staff of nurses appointed to the public school work in New York City has presented an exquisite silver tea service to Lina L. Rogers on the occasion of the termination of her functions as superintendent of public school nurses. The Health Department has also given her a testimonial of the highest appreciation of her conspicuously able work in creating the school service. Miss Rogers has accepted a position in Pueblo, Colo., where she is to organize school nursing under the Board of Education. She is promised full scope to organize the work on such lines as she thinks desirable after studying the situation.

HELEN BIGGERT, class of 1908, Illinois Training School, is superintendent of the hospital at Crawfordsville, Indiana. Ida Mounly, class of 1903, will assist Anne Williamson, class of 1901, in the hospital at Muskogee, Oklahoma.

LUELLA FOWLER, R.N., class of 1900, has resigned her position as superintendent of nurses at the County and City Hospital, Denver, Colo., which she has so efficiently filled for the last six years. Her associates are sorry to lose her. Edith Green, R.N., class of 1906, night superintendent, resigned to take charge of a hospital at Cheyenne, Wyo.

MARY JEAN HURDLEY, class of 1898, Farrand Training School, Detroit, has succeeded Florence Besley as superintendent of the University of Virginia Hospital, Charlottesville, Va., where she had served as assistant principal for four months.

HARRIET SIGSBEE, class of 1889, Illinois Training School, has accepted a position as night nurse at the Grinnell Hospital, Iowa. Mabel Snider, 1906, is surgical nurse at a hospital in Wallace, Idaho. Harriet St. John, class of 1906, will spend the winter in Phoenix, Arizona, with the hope of improving her health. Christine Jaffek, class of 1905, has charge of the tuberculosis dispensary at Rush Medical College.

BIRTHS

AT Pasadena, Cal., a son to Mrs. Kennedy, who was Bessie L. Sigler, class of 1900, Illinois Training School.

AT La Crosse, Wisconsin, a son to Dr. and Mrs. Wolf. Mrs. Wolf was Eva Watson, Illinois Training School.

AT Dubuque, Iowa, a daughter to Dr. and Mrs. Palen. Mrs. Palen was Bessie J. Spilman, class of 1905, Illinois Training School.

AT Chicago, Ill., a daughter to Mr. and Mrs. Fred Theilbar. Mrs. Theilbar was Dorothea Burgess, class of 1904, Illinois Training School.

IN July, at Ambler, Pa., a son to Mr. and Mrs. I. N. Cohen. Mrs. Cohen was Bessie Goldberg, class of 1904, Jewish Hospital, Philadelphia.

IN June, at York, Pa., a son to Mr. and Mrs. Harry Miller. Mrs. Miller was Anna M. Goehler, class of 1907, Jewish Hospital, Philadelphia.

IN July, at Philadelphia, a son to Mr. and Mrs. Edward Behrend. Mrs. Behrend was Rena Domberg, class of 1901, Jewish Hospital, Philadelphia.

ON October 9, at Portsmouth, Va., a son to Mr. and Mrs. W. F. Robertson. Mrs. Robertson was Alta Wallace, class of 1897, Jewish Hospital, Philadelphia.

MARRIAGES

ON August 25, Edith Favorite, class of 1905, Hope Hospital, Fort Wayne, to Mr. Flavinger.

ON September 29, Sophia B. Duckell, class of 1903, Pennsylvania Hospital, to Arthur W. Boteler.

ON June 27, at Philadelphia, Mary Hagey, class of 1907, Jewish Hospital, Philadelphia, to Lewis Harris.

ON October 7, at Beechwood, Pa., Nellie Smith, class of 1907, Pennsylvania Hospital, to David T. Dennison.

ON October 6, Ruth Baker, class of 1904, Orange Training School for Nurses, Orange, N. J., to Mr. S. Hulse.

ON June 10, Bertha W. Terry, class of 1904, St. John's Hospital, Brooklyn, to George Woodhull of Laurel, Long Island.

ON September 20, Marie C. Cornwell, class of 1904, Illinois Training School, to Albert C. Fordham. They will live in Chicago.

ON October 17, at Boston, Mass., Margaret McDonald, class of 1896, Boston City Hospital, to Hector McDonald, of Sidney, Nova Scotia.

ON October 27, at Fenelon Falls, Ontario, Spowers Graham, graduate of the Rochester City Hospital, to Frederick A. Brophey. They will live in Toronto.

ON October 20, Bertha I. Roblin, class of 1894, Hospital of the Good Shepherd, Syracuse, to Frank Tilly, M.D. They will live in Washington, D. C.

ON April 30, Mary Catherine Knopp, class of 1898, Germantown Dispensary and Hospital, to George Alexander Gamble. They will live at Montgomery Square, Pennsylvania.

ON October 22, in New York City, by Rev. Frank G. O'Neill, a brother of the bride, Anne E. O'Neill, class of 1900, Carney Hospital, to Carl B. Clancy. They will live in Boston.

ON September 30, Sarah L. McBee, class of 1902, St. John's Hospital, Brooklyn, to Albert William Beck, M.D., of Brooklyn. Miss McBee has been supervisor of nurses at St. John's Hospital.

ON June 9, at the First Presbyterian Church, Parnassus, Pa., Margaret B. Allen, class of 1900, Germantown Dispensary and Hospital, to Edwin Hendrie Chapman. They will live at 122 West Washington Lane, Germantown, Philadelphia.

ON November 4, at the Hotel Manhattan, New York City, Sabra I. Hunter, class of 1902, Metropolitan Training School, Blackwell's Island, N. Y., to Clarence W. Datesman, M.D. The ceremony was performed by the Rev. A. T. Pindell, Cockeysville, Md.

ON October 21, at St. Augustine's Church, Elkridge, Md., Marie Antoinette Agnew, class of 1906, Baltimore City Hospital, to Michael James Nestor, M.D. They will live at 728 North Main Street, Providence, R. I. Miss Agnew was until recently head nurse at McKinley Hospital, Columbus, Miss.

DEATHS

ON July 11, at Uniondale, Pa., Jessica Armsby, class of 1900, New York Hospital, after a long illness.

IN August, at her home in Phillipsburg, N. J., after a lingering illness, May Perry, class of 1905, Orange Training School, Orange, N. J.

ON October 22, at the Massachusetts Homœopathic Hospital, suddenly, Mrs. Frederick L. Macomber. Mrs. Macomber was Mabel H. Cochrane, graduate of the McLean Hospital, Waverly, and of the Massachusetts General Hospital. She had been married but little over a year. Her sudden death is a great grief to her many friends.

MISS COOK, a graduate of the Woman's Hospital Training School, Philadelphia, and a member of the alumnae association has recently died. Miss Cook was a woman singularly gifted, with great force of character and true Christian principles, one who devoted her life to helping others. She gave to her profession a willing spirit for the advancement of all pertaining to nursing and her associates greatly mourn her loss.



How silently, how silently,
The wondrous gift is given!
So God imparts to human hearts
The blessings of His heaven.
No ear may hear His coming,
But in this world of sin,
Where meek souls will receive Him still
The dear Christ enters in.

PHILLIPS BROOKS.

HOSPITAL AND TRAINING-SCHOOL NOTES



THE private pavilion of the Presbyterian Hospital, Chicago, has been opened to patients. The pavilion contains seventy-five beds, distributed on four floors, with a suite of operating rooms on the top floor. In the basement are a diet kitchen, pharmacy, electric, shower and other baths. On the roof are a solarium and an open space. Estelle M. Craig, Royal Victoria Hospital, Montreal, has been placed in charge of one of the floors.

THE opening exercises of the George Smith Memorial Building of St. Luke's Hospital, Chicago, were held on October 18, which was also St. Luke's day. The building was dedicated with impressive ceremony by Bishop Anderson, assisted by Rev. W. O. Waters, rector of Grace Church; on the following evening a reception and banquet were tendered to the Chicago Surgical Society; on Tuesday the trustees and medical board invited the medical profession of the city to inspect the hospital, and a reception was held from 8 to 10 P.M.; and on the following day the hospital was thrown open for inspection by the public. This new annex to St. Luke's Hospital is six and one-half stories in height, is to be devoted entirely to private patients, and contains 127 rooms, some of which are arranged in suites.

THE Colorado Fuel and Iron Company has been awarded a gold medal for its exhibit at the International Tuberculosis Congress. The prize was on its exhibit of its hospital and welfare department. The exhibit was under the direction of Dr. Corwin, of Pueblo.

A number of letters have been received from tuberculosis institutions in various sections of the country asking for information in regard to its system as a result of the award made at Washington.

THE commencement exercises of the Butterworth Hospital School for Nurses were held in the St. Cecilia Auditorium, Grand Rapids, Mich.

The address was given by the Rev. A. W. Wishart. Mr. Harvey Hollister, acting as chairman in the absence of Mr. Edward Lowe, president of the Board of Trustees, presented the pins; and Dr. Richard R. Smith presented the diplomas to the graduating class. A delightful musical program was given.

A large number of graduates was present, wearing their white uniform, and they entered immediately after the pupil nurses.

The following are the names of the graduating class: Blanche Eckhardt, M. Sinclair Redhead, Ella May McIntyre, Eva Alice Gregg, Florence E. Fisher, Jean M. Clark, Annie M. Speers, Alice M. Stuart, Nell Wood, Alfreda M. Galbraith.

THE Wesley Hospital Training School for Nurses is affiliated with Northwestern University. Its theoretical work is given by the university professors and instructors, assisted by the hospital and training-school staff. The university laboratories are at the command of the nurses and anatomy is taught from the cadaver. A course in massage has recently been established. Pupils desiring to specialize in obstetrics are given three months' training at Dr. DeLee's Lying-in Hospital and at his dispensary. Nurses are taught the preparation of milk for infants in the Southside Free Dispensary located near the hospital. This dispensary is the only institution in America, connected with a medical school, where food is scientifically prepared for the benefit of the slum babies. The Wesley nurses graduate with the Northwestern University students at commencement time, receiving their diplomas from the hands of the president of the university. The school is very proud of its record of thirty-six graduates holding official hospital positions.

ON Friday evening, October 23, Miss L. L. Dock spoke to the nurses of the Woman's Hospital, New York City, and their friends on the "Woman Question." The subject was presented in a very dignified, entertaining and convincing manner.

THE report of the medical department of the Colorado Fuel and Mining Company, which is largely a report of Minnequa Hospital at Pueblo, is a unique and interesting pamphlet. It contains the usual statistics and information in regard to the hospital and training school, with additional matter in regard to the teaching of prophylaxis in the community and some details as to methods used in the hospital, from which we shall quote under the heading Practical Suggestions in January. The illustrations show a very attractive hospital building and grounds with inclines in place of stairs, also groups of nurses and patients, X-ray photographs, etc. The nurses have a three years' course under Miss Beecroft's supervision, including three months spent at the Chicago Lying-in Hospital for obstetrical work.

THE first class of nurses to graduate together from the three years' training course at the Mary Hitchcock Hospital, Hanover, New Hampshire, received their diplomas at the commencement exercises held in the medical school in October. Although many nurses have graduated before, this is the first time a class has been formed and special exercises held. The address was delivered by Dr. J. O. Polak of Brooklyn. Professor Lord presented the diplomas. An informal reception followed the exercises. The graduates were: Gertrude E. Barnard, Manetta M. Buck, Helen E. Conner, Vesta A. Cooper, Ethel M. Haskell, Katherine F. Knowlton, Minnie S. McIntosh, Jeanie McLeod, and Clara J. Shepard.

FOR the past year the training schools of the Mary Hitchcock Hospital, Hanover, N. H., and the State Hospital for the Insané, at Concord, have exchanged nurses, two at a time, for a period of two months each. The plan has been found to be very acceptable and will no doubt result in materially broadening the training of the nurses of both schools.

THE Alumnae Association of the Training School of the Sacred Heart Hospital, Manchester, N. H., held a Christmas sale of fancy articles in the Solarium of the hospital November 24-25. The proceeds will be used to establish a fund for sick nurses.

THE trustees of the Woman's N. H. Memorial Hospital in Concord have granted a sum of money to be used for reference books for the training school.

THE course of training of the School for Nurses recently established in connection with the Exeter Hospital, N. H., includes instructing in reading aloud, with the two-fold object of teaching the nurses to read aloud acceptably and cultivating a taste for good literature.

THE new hospital at Laconia, N. H. was opened for the inspection of the public on November 16.

THE training school connected with the Morrison Hospital at Whitefield, N. H., has been increased to twenty-one pupils, and a new home has been built for their accommodation. A modern and complete laundry has been added to the hospital.

NINE nurses graduated from the Elliot City Hospital Training School, Keene, N. H., October 15, when public exercises were held, Dr. G. C. Hill giving the address. The alumnae association of this training school is the oldest in the state.

REX HOSPITAL, Raleigh, N. C., is soon to be replaced by a well-equipped building of about fifty beds' capacity, the estimated cost being \$36,000.

WATTS HOSPITAL, Durham, N. C., is to move into new quarters, now under construction, an up-to-date, fire-proof building of sixty beds' capacity, beautifully located just outside the city. The estimated cost is \$400,000. It is the gift of Mr. G. W. Watts, the donor of the present building. It will probably be completed in one year from the present time.

OUR attention has been called recently to special hospitals for miners in different sections of the country and we have now received the report of the Northern Pacific Beneficial Association, the membership being made up from

the employees of the Northern Pacific Railway. This association maintains three hospitals at Brainerd, Minn., Missoula, Montana, and Tacoma, Washington. All of these hospitals have training schools. We once visited the hospital at Tacoma, soon after its completion, and its building, equipment, and situation were exceptionally fine. These hospitals are supported, as we understand, by assessments on the employees of the road. This report shows most unusual financial management, as the executive committee was able to invest about \$85,000 of surplus funds in permanent railroad bonds during the past year, beside having made extensive additions to buildings and equipment.

THE secretary of the board of examiners of North Carolina reports a steady improvement in the character of the examination papers from time to time.



A holy, heavenly chime
Rings fulness in of time,
And on His Mother's breast
Our Lord God ever Blest
Is laid a Babe at rest.

* * * *

The cave is cold and strait
To hold the angelic state,
More strait it is, more cold,
To foster and infold
Its Maker one hour old.

Thrilled through with awe-struck love
Meek angels poised above,
To see their God look down.
“What, is there never a Crown?”

“How comes He soft and weak
With such a tender cheek,
With such a soft, small hand?—
The very Hand which spanned
Heaven when its girth was plann'd.”

CHRISTINA ROSETTI.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

THE CAMPAIGN AGAINST TUBERCULOSIS IN THE UNITED STATES. Including a Directory of Institutions Dealing With Tuberculosis in The United States and Canada. Compiled under the direction of the National Association for the Study and Prevention of Tuberculosis. By Philip P. Jacobs. Price, \$1.00, post-paid. Charities Publication Committee, New York, 105 East 22nd Street.

This work is the first of a series of books to be published, in the near future, by the Charities Publication Committee, acting for the Russell Sage Foundation for the Improvement of Social Conditions. It contains a list of the public and private institutions for the treatment of tuberculosis in the United States and Canada. The introduction gives the credit of the foundation of a definite campaign against tuberculosis to Dr. Edward L. Trudeau who in 1885 started the Adirondack Cottage Sanatorium. A backward glance at the early days of this first sanatorium with its equipment of "a one-room cottage, heated by a wood-stove and lighted by a kerosene lamp," furnishes the contrast necessary to appreciate the present greatness of the work of the campaign. Enormous as is the effort made to cope with the tuberculosis problem it is a long way from being adequate. A careful reading of the present volume only confirms the actual experience of those who have worked among tuberculous patients that except for the incipient and earliest stages, and those actually dying, there is little or no free or moderately priced care in the sanatorium. The public needs further education. It needs not so much to be stirred to more bountiful charity and benevolence, as to a realization that it is a fight for self-preservation; that every case of tuberculosis in the second stage that is left in a crowded home, flat or boarding-house hall room is a menace to the public. A practical rather than a benevolent movement the present crisis calls for. The "Campaign Against Tuberculosis" is sold at actual cost, the only reason its publishers claim for offering it to the public being a desire to further the world-wide movement for the prevention of tuberculosis.

THE AGE OF MENTAL VIRILITY. An Inquiry into the Records of Achievement of the World's Chief Workers and Thinkers. By W. A. Newman Dorland. Price, \$1.00 (Postage 7 cents). New York: The Century Co.

Since Dr. Osler awakened to alarm the easy-going, dawdling public by the announcement that if men did not start to achievement before the age of forty they rarely accomplished anything worth while after that age, there has been a greatly increased interest in the investigation of the subject, and perhaps nothing more to the point has appeared than Dr. Dorland's "Age of Mental Virility." It is a very bright and readable book in spite of a good bit of tabulated matter, which is usually calculated to make heavy reading, and most readers will by experience and inclination agree with the writer that "as there is a physical and natural evolution of the being and of the race, so there is an individual, a tribal or national, and a racial evolution of the mind." To the young may be allowed the brightest flash of genius, but it is the mature who furnish the fruits of deep and profound thought, action dependent on the emotional side of an individual, being shown at a considerably earlier age than is the product of an intellectual mind. The musician, the soldier develop early their brilliant genius—the scientist and the statesman appear later in life. Dr. Dorland allows considerably more scope to man's productive genius than did Dr. Osler, who limited the age between the years of twenty and forty-five, and would seem to counsel that every man prepare for his ultimate success, deliberately waiting for it to mature and come to its proper completion in patience and hope.

AMERICAN NATIONAL RED CROSS TEXT-BOOK ON FIRST AID RELIEF COLUMNS. By Major Charles Lynch, of the Medical Corps, U. S. A. A Manual of Instruction for the Prevention of Accidents and what to do for Injuries and Emergencies. Prepared for and Indorsed by the American National Red Cross. With a Preface by R. M. O'Reilly, Brigadier-General, Surgeon-General, U. S. A. 74 illustrations. Pocket size, 244 pages, \$1.00 net. P. Blakiston's Son & Co., Philadelphia.

A handy little book and one that easily accommodates itself to small quarters, neatly bound in pale green cloth, ornamented with the red cross. This book gives, first, a brief outline of anatomy and physiology; second, a word on the nature of inflammation; following these with a list of things required in the administration of first aid and

general directions how to use the same. The book is issued for the use of schools, colleges, Y. M. C. A.'s, in the family and for service in the training of the Red Cross Relief Columns. The author, Major Charles Lynch, has been especially detailed by the War Department to act as the medium between that Department and the National Red Cross. His duties are to study and suggest in what way the services of the society can be made most available. He was the United States medical attache to the Japanese Army during the Russian-Japanese war, and while there availed himself of every opportunity to observe the methods of the Japanese who proved themselves so able in the care of the wounded. He has been engaged since that time in organizing First Aid and Relief Columns, lecturing, and otherwise devoting much time to the subject.

Surgeon-General O'Reilly in the preface points out the good which may be done by proper organization and knowledge in times of war or in great calamities.

PRACTICE OF MEDICINE FOR NURSES. A Text-book for Nurses and Students of Domestic Science, and a Hand-book for all those who care for the sick. By George Howard Hoxie, M.D., Professor of Internal Medicine, University of Kansas. With a chapter on the Technic of Nursing by Pearl L. Laptad, Principal of the Training School for Nurses, University of Kansas. Price \$1.50 net. W. B. Saunders Co., Philadelphia, Pa.

A compendium of a practice of medicine this book is; as it covers such an immense subject, or number of subjects so very briefly, its forty-four chapters covering almost twice that number of subjects and the chapter on nursing being reduced to an attenuated sketch of the subject.

Perhaps the most valuable portion of the book is contained in the first three chapters—on the definition of disease and its causes, the cure of disease and the means of determining the condition of patients. The reader who desires to have in very concise form a great deal of information, who likes to get things at a glance,—say the kidneys, their diseases, treatment, and proper diet, to the same on four pages, will find in this work just what she wants, but in the reviewer's opinion the subject matter is treated too discursively to be of value except as a book for hasty reference. The book is very elegantly bound and profusely illustrated.

CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON GENERAL FOR THE
MONTH ENDING NOVEMBER 16, 1908.

ANSLYN, JOSEPHINE, graduate of the Sisters' Hospital, Los Angeles, California, 1903; appointed and assigned to duty at the General Hospital, San Francisco.

CORBETT, MARY VIRGINIA (MRS.), graduate of St. Joseph's School, Yonkers, N. Y., 1901, and head nurse in the East End Hospital, Pittsburgh, Pa., appointed and assigned to duty at the General Hospital, San Francisco.

DAVIDSON, HENRIETTA, graduate of the Protestant Episcopal Hospital, Philadelphia, Pa., 1902, appointed and assigned to duty at the General Hospital, San Francisco, Cal.

GIBSON ELIZABETH GORE, formerly on duty at the General Hospital, San Francisco, discharged in San Francisco.

HESS, EDITH J., transferred from the General Hospital, San Francisco, to Ft. Bayard, New Mexico, for duty.

HOLLIDAY, MARY E., transferred from the General Hospital, San Francisco, to Ft. Bayard, New Mexico, for duty.

JOHNSON, SIGRID C, transferred from the General Hospital Ft. Bayard, New Mexico, to San Francisco, for duty.

KURZDORFER, ELIZABETH, transferred from the General Hospital, San Francisco, to Ft. Bayard, New Mexico, for duty.

LATIMER, JUNIA HATTIE, under orders for transfer from Division Hospital, Manila, P. I., to Zamboanga.

MCDONALD, MARY D., formerly on duty at the General Hospital, Ft. Bayard, New Mexico, at home awaiting discharge.

MAGUIRE, LOUISE D., under orders for transfer from the Division Hospital, Manila, P. I., to Zamboanga.

NAGLE, MARY E., formerly on duty at the General Hospital, San Francisco, under orders for discharge.

NOWINSKEY, FRANCES, transferred from the Division Hospital, Manila, P. I., to Zamboanga.

PLUMMER, SAMANTHA C., transferred from Camp Keithley to the Division Hospital, Manila, P. I.

RITTENHOUSE, VALERIA, transferred from the General Hospital, Ft. Bayard, New Mexico, to San Francisco, for duty.

SMITH, CATHERINE, formerly on duty at the General Hospital, San Francisco, under orders for discharge.

WHITE, ALICE CECIL, formerly on duty at the General Hospital, San Francisco, discharged.

WHITE, CLARA BELLE, transferred from Zamboanga to the Division Hospital, Manila, P. I., to await the sailing of the first available transport to the United States.

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EDITORIAL COMMENT



THE AMERICAN HOSPITAL ASSOCIATION AND NURSING EDUCATION

PROGRESS in nursing education has been in a measure, at a standstill for some little time because of indecision on two important points,—the first being whether or not hospitals are to be equipped to fill the place of educational institutions for the training of nurses; the second being the length of time of training, whether two years or three.

Broadly speaking, whatever progress has been made in nursing education the world over has been accomplished only with the consent and coöperation of the boards of managers of hospitals maintaining training schools. At the meeting of the American Hospital Association held in Toronto, September 29–October 2, 1908, one session was devoted to papers and discussions on the various phases of nursing education. It will be remembered that the membership of this association was broadened last year to include hospital managers, and that a large proportion of the members are nurses holding the double position of superintendent of the hospital and training school. In his address as president, Dr. Goldwater recommended that the eligibility be still further broadened to include superintendents and assistant superintendents of training schools, and that the scope of the association be made to include every phase of caring for the sick in hospitals.

Papers were read by Miss C. A. Aikens of Detroit on "The Relation of the Training School to Hospital Efficiency"; by the Reverend A. S. Kavanagh, D.D., of the Methodist Episcopal Hospital, Brooklyn, on "Report of the Subcommittee on the Training of Nurses"; and, by invitation, by Anna L. Alline, R.N., inspector of nurse training schools of New York State, on "Inspection of Nurse Training Schools, Its Aims and Results"; and by Adelaide Nutting, R.N., director of the Hospital Economics Course, Teachers' College, New York, on "Some

Problems of the Training School." These papers have been published in the *National Hospital Record*, the official organ of the association, in the October and November issues.

Dr. Kavanagh, in closing his paper, offered a resolution which, after some amendments, was adopted in the following form:

RESOLVED: That a committee be appointed, consisting of seven members of this organization, whose duty it shall be:

First.—To seek information from leading physicians, surgeons, nurses and training-school committees, and from every available source, bearing upon the curriculum and length of the course of training of our nurses;

Second.—To consider to what extent hospitals should undertake to prepare a class of nurse helpers or assistants;

Third.—To present a model curriculum, containing only such subjects as they deem necessary for the proper training of a regular nurse or a nurse helper, and to report at the next annual meeting of this association.

RESOLVED FURTHERMORE: That the treasurer be authorized to pay the expenses of said committee.

The following persons have accepted appointments on this committee: Henry M. Hurd, M.D., Johns Hopkins Hospital, Baltimore; W. L. Babcock, M.D., Grace Hospital, Detroit; F. A. Washburn, M.D., Massachusetts General Hospital, Boston; Mary M. Riddle, Newton Hospital, Newton Lower Falls; Mary L. Keith, Rochester City Hospital, Rochester; Charlotte M. Aikens, Detroit; and John M. Peters, M.D., Rhode Island Hospital, Providence, ex-officio.

We believe that through the findings of this committee will be reached definite conclusions which will lead to a harmonious agreement of the mooted questions referred to above. Such a searching inquiry into nursing conditions by an association composed of men and women, hospital managers and superintendents, nurses and doctors, must lead ultimately to good results. One meeting has been held, in New York, on December 15.

We would call the attention of the great body of private duty nurses to that clause in these resolutions which refers to the preparation of a class of nurse helpers or assistants. This proposition is not new, it has been discussed in many cities, by different groups of physicians. It is now under consideration by a medical association of St. Paul, which is looking for a hospital in which to train such helpers, the object being to provide cheaper nurses for the great middle class.

The subject of providing skilled nursing for the vast multitude of

people who cannot afford to pay the regular charges has been discussed by our national, state, and local associations without coming to any satisfactory solution of the problem. We believe that unless some practical conclusion can be reached by the nursing body to provide such service by regular graduates, we shall have to accept a cheaper grade of nurse, who will be endorsed by hospitals and physicians, which will lower the standard of care given such patients, and prove a very serious commercial competitor in the field of nursing.

We recommend to the state associations that they take up the question of the sliding scale seriously and ask for a conference with their state medical association, a committee being appointed from each association to meet and draw up a plan to be submitted for adoption to the two associations. It goes without saying that the sliding scale cannot be put into operation by the individual nurse without the support of the medical profession as a whole, but we believe the medical profession will see the wisdom and justice of such a plan when it is placed before them by the state nurses' associations.

REFERENCE LIBRARIES FOR GRADUATE NURSES

THE letter from T. B. H. found on another page, suggests a condition which we had not realized existed in what we might consider our good training schools. The plan suggested is an excellent one, and we recommend to alumnæ associations, that are without special aims for work, that they take up this matter with the managers of their hospitals, and establish small libraries to which both graduates and pupils shall have access.

In a broader way we think it is a timely subject for the state associations—to consider the establishment of travelling libraries to be loaned in turn to the different local associations for a certain number of weeks or months at a time. These books could be obtained to a considerable extent by donations from members who have copies of text and reference books which they would be glad to dispose of in this way. A small appropriation each year from the society funds would keep such libraries stocked and up to date. When these libraries are received by the local associations, the books would be loaned to the individual members in turn.

A letter from another correspondent includes a suggestion which bears upon this same subject. The writer asks for suggestions for a course of study for an alumnæ association and speaks of the interest in the examination questions which are published from the different states. She gives as a reason for not taking up these subjects the difficulty of having access to the books that would be required.

This brings to our mind the suggestion that it would be very interesting if an *alumnæ* association would take up in connection with the social or other subjects on its program, some one subject covered by the examinations for the season. For instance, bacteriology could be chosen, taking that subject in its relation to the home, to public health, surgery, obstetrics, etc. By combining questions on this subject from the different states, topics would be suggested which could be distributed among the members to study up, and submit brief abstracts or papers. In succeeding years, as the need seemed to be most pressing, other subjects could be taken in turn. In connection with such study the travelling library would be invaluable.

When we consider how few really good nursing books there are, we think one started with even a dozen volumes would be very valuable. As a nucleus to choose from, we would suggest the following: "History of Nursing," Nutting and Dock; the books on general nursing by Robb, McIsaac, Maxwell and Pope; "Nursing Ethics," Robb; "Hygiene for Nurses," McIsaac; "Essentials of Dietetics," Pope and Carpenter; "Bacteria, Yeasts and Molds," Conn; "Obstetrics for Nurses," DeLee; "Consumption and Civilization," Huber; "Anatomy and Physiology," Kimber; "Dietetics," Friedenwald and Ruhräh; "Personal Hygiene," Pyle; Cooke's "Obstetrics;" the lives of Dorothea Dix and Florence Nightingale; "Confessio Medici;" "Consumption, How to Prevent It and How to Live with It," N. S. Davis; "Chasing the Cure in Colorado," Galbreath; "Nursing the Insane," Barrus; Thompson's "Dietetics;" "Food and Its Functions," Knight; "Fundamentals of Child Study," Kirkpatrick; "Nursing the Nervous and Insane," Mills; "Prophylaxis of Syphilis," Maisouneuve.

APHTHOUS FEVER

THE epidemic of apthous fever, or foot and mouth disease, which is prevalent in the stock-yards and on the farms in a number of counties of western New York and Pennsylvania, is a matter for very grave anxiety. This disease is very highly infectious, affecting all cloven-footed animals, and may be transmitted to horses, dogs, cats, poultry, birds and man; children being most frequently infected from the use of raw milk of diseased cows. It may be carried in hay, straw, grain, manure, bags, blankets, etc., from places where diseased animals have been. It is necessary to guard against the spread of infection by dogs, cats, and birds, such as pigeons and sparrows.

The virus is most difficult to destroy, having been found in manure piles six months after an outbreak of the disease. The infection is taken through the digestive or respiratory tract or through the skin or

blood. The period of incubation is from one to five days, symptoms being hot dry mouth, slow careful chewing, grinding of the teeth, an excess secretion of mucus or saliva, the animal works the tongue and makes a clicking or smacking sound, there is froth about the lips. In attempting to eat any hard substance, the head is held high to avoid sore places in the throat. The second stage is one of eruption; the third, erosion; and the fourth, sloughing. The after-affect is debilitation, making such animals unprofitable; the breeding of stock has to be stopped.

Wherever this disease has appeared, a rigid quarantine has been enforced, which includes not only the animals but the men who have been employed in their care. Whole herds of cows, upon which farmers are dependent for their maintenance, are being destroyed, but some compensation is given by both the federal and state governments.

A NEW OPPORTUNITY FOR TEACHERS OF NURSES

THE Commission of Lunacy of the State of New York has, after very careful consideration, decided on the appointment of an additional number of superintendents of nurses for the training schools in the insane hospitals. The announcement is made on another page of the State Civil Service examination for such positions, which will be held in the latter part of January. There are three appointments to be filled, with salaries of twelve hundred dollars each. For particulars as to time, place, etc., application should be made to the Chief Examiner of the State Civil Service, Albany, N. Y.

It is to be hoped that a splendid group of women will take this examination, for there is no branch of nursing in which the highest type of woman with the best professional attainments is more greatly needed. The bringing into the teaching force women with general hospital knowledge is a great step forward in the training of nurses for the care of the insane.

PROGRESS OF STATE REGISTRATION

THE Michigan nurses are again preparing to enter the legislative field and have prepared an excellent bill, the passage of which they hope this year to be able to secure. Although previously defeated, they have not lost courage nor their high standard.

In South Carolina, the state association is discussing registration. A bill was drawn up a year ago but was not carried forward because of the opposition of great numbers of small hospitals. In that state the great majority of the hospitals are of fifteen beds or less; they are really chartered infirmaries, where training is done by the physicians who are the proprietors, and the nurses leading the movement are confronted

with the problem of recognizing this class of institution or of postponing the effort to secure a proper bill.

The general agitation of the subject over the country will eventually, we believe, better such conditions, and while the situation is most disheartening, we believe time and patience will, in the end, bring success. Such states will recognize the necessity for registration when they are so without means of protection that all of the riffraff from the registered states flock over their borders in order to find occupation.

The new state of Oklahoma is preparing a bill which we shall comment on in a later number.

The Massachusetts nurses are strengthening their forces.

DISPOSITION OF FUNDS

MISS NUTTING, chairman of the nurses' committee for the International Congress on Tuberculosis, is sending out a request for information as to what shall be done with the funds on hand, about five hundred and fifty dollars, contributed for the nurses' exhibit, which it was found impossible to carry out. Those who contributed to the fund are asked to say whether they wish the money returned or applied to some nursing matter of general interest. Miss Nutting may be addressed at Teachers' College, New York. We venture to suggest as two good uses for this fund the endowment fund of Teachers' College or the JOURNAL fund of the Associated Alumnae, or both.

NEW YEAR RESOLUTIONS

AMONG the good resolutions which our readers are making for the new year, we hope there is to be a little place in a warm corner of their hearts, for one for the welfare of the JOURNAL. We want to remind our stockholders, our subscribers, and our readers who are not subscribers, that the future welfare of their magazine depends upon the interest and support which each one takes in it. We want to make again our appeal of some years ago, that each subscriber shall secure at least one new name for the subscription list.

We want to remind those organizations holding stock, that in becoming members of the JOURNAL COMPANY they have assumed an obligation for its professional and financial success. The few people who are paid to carry on the work of the JOURNAL cannot, unaided by their professional associates, make of the JOURNAL an interesting magazine and a paying business enterprise. There has never been a year when the JOURNAL has seemed to give greater satisfaction to the masses than the one that has just closed. It becomes with each issue a more influential and far-reaching educational factor, and if its pages

are to be increased and its subject matter made more interesting, there must be not only a continued, but an increasing, support from all of those forces which have led to its establishment and development. We have a word to say especially to those nurses who read the JOURNAL but who do not subscribe for it. We wish it to be read, and we give it freely and thankfully to those who are unable for any reason to subscribe for it, and we know there are many on that list. But we know also that there are great numbers of prosperous nurses who borrow the JOURNAL from their friends, or who glance it over hastily at a club, who should feel themselves under obligation to bear their share of the financial support of the magazine which their profession is publishing for their benefit.

Changing addresses need not be an unsurmountable obstacle, for the business office is only too happy to make the changes as often as asked, care being taken in each instance to give old and new address both, that there be no chance for mistake.

The Hartford Hospital alumnae have established a precedent which we commend to others. In a series of monthly meetings decided upon, one subject for early consideration was "The Advantage Derived from the AMERICAN JOURNAL OF NURSING by the Nurse in Private Work," and a committee was appointed to arouse interest in the JOURNAL and obtain subscriptions for it. We think every association affiliated with the Associated Alumnae should devote at least one meeting a year to this subject. The Associated Alumnae is slowly but surely acquiring the JOURNAL stock, and in a very few years the burden of its financial support will rest upon that organization, and not upon the few individual stockholders and alumnae associations that now stand back of it. The habit of supporting the official organ of the national society should be formed before the entire obligation is assumed.

POSTGRADUATE WORK *

By ANNIE W. GOODRICH, R.N.

General Superintendent of Nurses, Bellevue and Allied Hospitals

I HAVE been asked to present a subject in which I am deeply interested, and to which during the past eighteen months I have given not a little thought, and if I fail to speak of postgraduate work convincingly and instructively, I beg you to believe that the fault lies with the speaker and not with the cause, and the speaker's plea will be that it is not usually in the heat of the battle that methods of warfare are discussed, or its history written; the fighters being for the moment very properly far too busy to talk.

When, a little more than a year ago, we found it necessary to supply a nursing force to two new outlying hospitals of one hundred and fifty beds each, with a training school whose number barely met the needs of the main hospital, Bellevue, it seemed an opportune moment to make a practical test of postgraduate work.

Believing that our unusually varied and active service would allow the students the privilege of selecting their courses, we placed a notice in the *AMERICAN JOURNAL OF NURSING*, and in the *Canadian Journal of Nursing*, to the effect that elective postgraduate courses were offered. We issued a circular stating our few requirements, namely: that applicants must be graduates of training schools qualifying for state registration, and offering a three months' course in medical and surgical nursing, two months in obstetrics, one month in special service, such as tuberculosis, erysipelas and insane, a course of three months leading to a certificate; the first month in all cases being probationary. We required attendance at the lectures and classes bearing upon the selected courses, and the hospital provided maintenance and an allowance of \$25 a month.

We have received from forty-five to fifty applications monthly; about a hundred pupils have been enrolled for courses of from three to nine months; some sixty certificates have been awarded, and all the vacancies we can promise (we carry about sixty continuously) between now and next May have been applied for.

We found it necessary, after a few months' experiment, for the institution and the pupils, to alter the arrangement of the courses.

* Read at the seventh annual meeting of the New York State Nurses' Association, Buffalo, N. Y.

A very large majority desired surgical experience only, and in justice to the schools affiliating for a general course, and to prevent too frequent changes, we were obliged to make the surgical service part of a six months' course.

A large proportion of applicants were from training schools connected with hospitals for the insane (they almost without exception request surgery and obstetrics) and a very short experience convinced us that we should not be justified in giving these graduates a certificate for less than a nine months' general course. A certain proportion of the applicants desired to fit themselves for executive positions, and one of our outlying hospitals, offering exceptional opportunities for such a course, Miss Stone, formerly of the Presbyterian, to whom I am much indebted for the able solution of many problems of organization and instruction at Fordham Hospital, of which she was recently the superintendent of nurses, outlined the following courses in practical executive work, for which we have since entered five nurses.

PRACTICAL EXECUTIVE WORK (Six Months).—General ward work, two months; operating, children's or maternity ward, one month; assistant to night superintendent, one month; executive work and outpatient department, two months.

INSTRUCTIONS GIVEN BY HEAD NURSES (Three Months).—Ward methods, preparations, treatment and general care of patients.

NIGHT SUPERINTENDENT (One Month).—Admitting patients; attending operations; general assistance through wards when needed; substituting for night superintendent at off-duty time.

EXTRA COURSE.—Instructions and practical lessons in cooking, ten lessons; the expense of this course to be met by the pupil.

MATRON AND HOUSEKEEPER (Two Months).—Laundry work, equipment and supplies; standard, care, and daily distribution of linen; making rounds; engaging help; planning and arranging of daily work; inspection and care of food and household supplies; plan and preparation of daily menus; giving out supplies weekly; relieving matron for off-duty hours; taking evening ward report every second Sunday.

OUTPATIENT DEPARTMENT.—10 to 12 A.M.; 2 to 4 P.M. Assisting with dressing; examinations and admitting of patients.

INSTRUCTIONS BY THE SUPERINTENDENT.—Form of requisition, selection, purchase and distribution of supplies; general office work and hospital management.

DEMONSTRATIONS.—One operating room technic; one maternity ward; admission to general demonstrations.

We now, therefore, divide our pupils into two classes: those desiring preparation for executive positions, and those desiring further preparation for general nursing. The latter class might be subdivided as follows: graduates of general hospitals desiring to refresh their memories and to familiarize themselves with recent methods and technic;

graduates of general hospitals who desire the courses which the hospitals from which they graduated were unable to supply (these are usually infants and children, obstetrics, and sometimes medical); graduates of training schools connected with hospitals for the insane who desire to prepare themselves for general nursing.

A certain number who apply state very candidly that they desire to establish themselves in New York, and believe that our courses will assist them to do so. A few apply because they cannot obtain employment, and the monthly allowance is an inducement.

I have ventured to give this brief and incomplete history of our work, as I think it presents the question in its most practical light. That there is a need for such courses is evidenced by the number of applications which we have received, for we are not, of course, the only institution offering such work.

We are receiving applications, not only from this country, but from the other side. We have, in the past few months, had with us in the different departments, young women from California and the intermediate states, from Canada, from Denmark and from England, and the appreciation in the main of these pupils is gratifying and encouraging.

A comparison of the two schools, the postgraduate and the pupil, naturally suggests itself. There is not any question, I think, that the difficulties attending the postgraduate course are greater. The frequent changes involve constant planning and greatly increase the correspondence. The applicants do not always appreciate the responsibilities as far as their appointments are concerned, and the most difficult problem is to arrange for systematic courses of instruction. We feared criticism from the medical staff, but their criticism has been almost invariably commendatory, and they have on several occasions expressed themselves as interested and pleased with the experiment. But whatever the difficulties, and I maintain they are comparatively few, the justification of the work lies in its result to the profession and to the community. If these pupils obtain what they are willing to sacrifice weeks or months to obtain, and what we propose to give them, they are elevating the standard of nursing. We all appreciate that it is the great increase in the nursing staff of the institution that is lowering our standards of admission. If our average number of postgraduate pupils is fifty, and the average course is six months (this, I think, would be a fair statement), we shall, in two years and six months, have given the advantages of such instruction as we can offer to two hundred and fifty women, who are already members of the nursing profession, having had

not less than two years' experience. Without these women, we should have had to increase the number in the training school to fifty, within the same period.

The question of allowance is worthy of some consideration, and is a matter dependent mainly, I think, upon the course or courses, and the conditions under which they are taken. For the pupils entering for courses of from six or more months of general work, whose service in the ward materially lessens the nursing expense of the institution, I believe that an allowance sufficient to cover, or perhaps to even more than cover, their expenses is not unreasonable. There are few members of our profession who are not self-supporting, and many who have others dependent upon them, and to relieve them of the mental anxiety such conditions give rise to, thereby allowing them to give their whole mind and attention to the obtaining of the desired experience, is, I believe, both wise and right. It was for this reason that the allowance for our postgraduate pupils was fixed at twenty-five dollars a month. If, however, the institution would equip each ward with a sufficient number of graduate nurses (not less than two), one to make the necessary rounds with the visitors and interne staff and to attend to the clinics, and the others to constantly supervise and instruct the pupils in the care and treatment of the patients, and if they should eliminate all the duties that are now considered part of the nurses' work, such as the daily dusting and cleaning of the ward equipment, and other duties, thorough instruction in which, I believe, should be given during the preparatory course, but which have no further place in the training of the nurse, and which could well be relegated to, and could be more systematically carried out perhaps, by the ward maids (the arrangement necessitating not more, I think, than two maids to the average ward of twenty-one patients), the institution would then be justified in meeting the maintenance of the pupils only, and I believe the result for the students would be infinitely better; the desired experience being acquired with less physical strain, in a shorter period, and the work carried on, an important factor, under constant and proper instruction.

The question of an allowance for those desiring experience in executive and teaching departments, or those desiring a few days' or weeks' experience in special departments, such as the convalescent relief work or tuberculosis work, needs no discussion, as there is no service rendered to the institution; on the contrary, it is usually a tax upon the already overburdened assistants or heads of their departments. If, however, the spirit of the institution were broad enough, as is very frequently the case, to desire to extend the benefits of its teaching to the community

at large, it would not seem unreasonable that these students' maintenance expense be met. In the case of those students sent by institutions who desire to open these special departments, it would seem more reasonable to expect that this be met by the institution or body for whose special work they are being prepared.

All these questions of allowance and length of course, etc., will gradually be adjusted, and we shall work steadily on at the problem, affiliating with schools where we can offer courses that they require to qualify for registration, giving such postgraduate courses as we have already discussed, believing that however far off it may seem, we are, nevertheless, being forced nearer and nearer to the one solution of the whole problem, a solution which has already been voiced by our best thinkers. "Wherein," I ask the different assistants, "lies your chief difficulty with the postgraduate student?" and the unanimous verdict, however expressed, is the lack of uniformity in training-school method and curricula.

"Do you really think that theoretical instruction is required by students who already hold diplomas, and if so in what subjects?" and the unanimity of this reply is rather curious, and to the effect that while other instruction would be desirable, some instruction in *materia medica* is absolutely necessary, as they would scarcely dare to place these pupils upon the wards without it.

How evident it is that the only solution of the problem is the school or schools of nursing, preferably in connection with a university; the preparatory courses comprising thorough instruction in all matters pertaining to the household, which nurses should be conversant with who are going into the field of private work; thorough instruction in all essential theory, and very much more instruction in nursing technic and methods than at the first moment seems possible. This preparatory course to be followed by the service in the hospital, under such a corps of instructors and assistants in the wards as we have already suggested. For those who desire to specialize as executives, or in other nursing fields, the school should offer the advanced courses such as have already been established at Teachers' College, again followed by the practical experience in the institution. For executives, somewhat such a course in the administrative departments as we have outlined for Fordham Hospital, and which, I am sure, could be arranged in many institutions, and for those desiring to enter the philanthropic field, such as the tuberculosis or convalescent relief work, a few weeks' actual experience in these departments in hospitals where they are already established.

It is very simple, very logical, and if we can only have the strength

and patience to wait for it, very sure to come. Those of us who are connected with the administrative staff of the training school realize that our burden of responsibility is so great, because it is a threefold responsibility; a responsibility to the pupil whose thorough grounding in all that is essential for the nurse before entering the profession (instruction which might well extend over a period of eight months, unhampered by the hospital service) is dependent upon us; a responsibility to the public who have the right to expect certain standards of young women holding diplomas and registered by the state; a responsibility and a very great responsibility, to the patients of the hospital with whose care and treatment the instruction to be given the nurse should not interfere.

THE ORGANIZATION OF NURSES' CLUBS AND DIRECTORIES UNDER STATE ASSOCIATIONS *

BY REBA THELIN FOSTER, R.N.

Johns Hopkins Hospital Alumnae Association, Baltimore

THERE is no doubt that the idea of central registries for nurses is gradually gaining acceptance, in spite of the almost incredible opposition among nurses themselves. A nurse who has devoted much time and thought to the subject tells me that this opposition comes from three classes: *first*, those who have an established practice, and who therefore consider the registry unnecessary; *second*, those who have become convinced of the advantages of the registry, but having once opposed it are obstinately determined not to give in; and *third*, those who are either too busy or too indifferent to bestow any thought on the question but who, by their inertia, combine with the others to prevent the taking of effective steps to secure central registries, and who should wake up to realize what their indifference costs.

All three of these classes are tacitly acknowledging the need of central registries by their constant call on the hospital registries to help them out in an emergency requiring another nurse, also by their random search through the town for what is needed. As an example, a nurse finds that her skilled care is no longer required by a patient whose circumstances do not warrant his paying the usual charge, but who is still too ill to be left without an attendant. She telephones to her hospital or to a small hospital whose nurses charge less than the regular price,

* Read at the Eleventh Annual Convention of the Nurses' Associated Alumnae, San Francisco, Cal., May, 1908.

"Can you send a nurse who can meet these conditions, etc.?" thus placing an added burden on the already too busy superintendent—a duty which should be performed by the registrar of a central registry, and performed by her with much ease from her list of eligible persons for such work.

One might add to the classes above a fourth class of obstructionists, those nurses who belong to a hospital of the first rank and to whom caste means a great deal. These draw their skirts aside and are not willing in the least to become a member of a democratic registry. They are already members of a democratic profession and forget that nursing standards are raised not by exclusion but by education. If certain schools are really of such great worth they have no reason to fear the intrusion of graduates of other schools. The standard of nursing under state societies will never be put below a point that is compatible with every good thing desired by these nurses; they themselves can keep it where their actions demand it shall remain. Not to lend a hand to the weaker sister is hardly a part of a nurse's professed attitude in life.

A nurse would always continue to be known as a graduate of her own school, and the public would have in every instance the right of choice. The thing would be systematized and conducted with exact fairness; and the small hospital nurse, too (of a certain standard) need not feel the overshadowing of the greater school. This would be cared for with other questions. In the discussion that is to follow this paper, one hopes the nurses will speak freely of their objections to central registries, and that the favoring nurses will be no less alert to bring out all the good points. These are numerous to the nurse as well as to the other side, the public. One may be mentioned, and that is the advantage to the nurse who begins practice in a new city—into which predicament any one of us may fall. To such a one, whose visits to various registries and many physicians have heretofore brought forth only hope deferred, a central place where her credentials would be recognized and her standing at once be given her, must secure for her a feeling of immediately being on firm ground, even though there should be a necessary period of waiting for a case.

I need not dwell upon the benefits a central directory would put within reach of patients and their families. The promptness with which a nurse could be secured, the opportunity for getting the nurse best suited to a case, the guarantee afforded that the nurse is really what she claims to be—these are so obvious as scarcely to require mention.

One can also see at a glance the advantages to physicians. They themselves have been so quick to see them that they were among the first

to organize central registries, and in Philadelphia and Boston their medical libraries are supported by the profits of such institutions. We have read of the nurse's lost opportunity in Orange, New Jersey, and physicians in other cities are considering the same idea. If nurses do not of themselves establish central registries with workable regulations based on nursing needs, the medical men of the country will bring these registries into existence very soon and very extensively. Doctors want them and doctors have the power to establish them; and the public is beginning to demand something different from the present arrangement whereby the patient waits untended while perhaps seventeen different registries are visited or called by telephone before a nurse is secured. Nurses are out to serve the sick, or they are not. We may evade the issue but the people do not evade it, and we may as well stand up and face what is before us. With both doctors and public against our unworthy attitude, we inevitably must lose. Better go down honorably than be forced down.

I have accounts of several central registries managed by nurses: the Boston Nurses' Club, the Trained Nurse Association of Denver, the Nurses' Registry in Lansing, Michigan, the Central Registry for Graduate Nurses in the District of Columbia, and a new one is just being started in Pasadena, California. It is not the purpose of this paper to go into their methods; suffice it to say that they are all well supported by both nurses and doctors. What I wish especially to touch upon is the part the state society can play in the matter. Here is a body, organized by representative nurses of the state to regulate nursing affairs, and it would certainly seem one of its functions to supply a central place where its members could be found registered on call, regardless of training school or *alumnæ* association. And not only its own members, but any one desiring to nurse who could show the proper credentials should here be registered,—attendants, orderlies, male nurses, etc.—whatever the patient or physician may need, which brings us again to the important issue still far from settlement, our duty to the public which has endorsed and passed our state bills, our bulwarks of defence, under which precious rights are assured to us. Our present registries supply nurses to the wealthy, our district associations supply them to the very poor, the hourly nurses help those cases who do not require constant attendance, but what is there for the great mass of patients in that class to which most of our own relatives and friends belong? They are not at all taken into account, and we know that we are not doing our duty to them when we leave them to the untrained care of the members of their own families; we know we are not doing our duty

by them or by the nurse when we send them a nurse at full price, leaving it to her discretion to reduce her charge or stay for a time without charge should she consider them really unable to pay. This, until it becomes an established thing in nursing to fit the cost to the patient's income, is exceedingly embarrassing to both nurse and patient.

A sliding scale of charges to meet the various needs of various people seems to me the most important question before nurses to-day, and if we do not make some concerted effort towards effecting it for the public good, our societies deserve the appellation sometimes given them of "nurses' trusts."

The state society seems the body most fitted in every way to undertake such a delicate and difficult task. It knows the whole field, is guided by wise heads, nurses of experience who think and who represent all the nurses of the state; if there are those who feel that their interests are not represented it is doubtless because they are too indifferent to be present at the meetings, or to accept nominations on committees to work in any way with their fellow nurses. Its Credentials Committee already has the information necessary to protect a patient against the false claims of a nurse; another special committee could be empowered to protect a nurse against those who would abuse the privilege of reduced rates. A request for such rates could be referred to it for investigation, the abuse of the privilege reported, and the society could then deal with the case as its members deemed fitting.

But how to determine this sliding scale presents at present the difficulties of any new big proposition. It must be most carefully considered, and it will be considered at this meeting in another paper. Some registries have tried the experiment of taking a nurse from the bottom of the list (providing of course she has signified her willingness) with the understanding that when she receives a regular call the patient is to give her up and accept another nurse. I understand that this has not been successful. Then comes the proposal that recent graduates should accept a lower price than those who have been nursing steadily for years and have gained a knowledge of their work that makes them worth far more than a young nurse. Speaking of this, a prominent physician said to me not long ago, "Your profession differs radically from any other profession that I know of. What doctor or lawyer on receiving his diploma expects to command at once the highest salary that can be received? He has to prove his worth, to establish his practice, and his ambition naturally leads him to take advantage of every opportunity to improve his skill and his knowledge, so that advancing years will not only bring him increased remuneration but make him

feel, in the esteem of his clients, that his work has been worth while.” “I am called the ‘friend of nurses,’” he continued, “and I want to say that you nurses have a problem before you. By thus fixing the same rate for all nurses you seem to discourage an effort at improvement; a nurse feels that her salary is secure and unless she is very ambitious she settles into a rut; she does not go back to her training school occasionally, or to other training schools, to learn the newer or different methods, and one not far distant day she may wake up to find she is a back number, that her calls are fewer and fewer, and she must either accept a smaller salary or drop out altogether.” Now we nurses all recognize in this a certain truth. We are told that physicians sometimes ask for “recent graduates”; but investigation will show that what is meant is a nurse who knows the recent methods of nursing a particular case. I think that not many of us would prefer to entrust our nearest and dearest when very ill to a nurse without experience beyond the training school. Until time and circumstance have hammered in the lessons of the training school and until life itself has given her its training in how to meet the complications of society, the needs of various households, and has polished off the crudities—until she is sure of herself—she cannot be of the same value as a nurse who has withstood all the tests and benefited by many a hard and weary lesson. If now and then an especially brilliant personage, quite new, comes into the arena, the public and its doctors will soon find her out; she need not feel she will be kept from her just deserts.

The central registry, under the state society with the full concurrence of the representative nurses of the state, presents at once a regulating medium for a proceeding so radical as the breaking up of established rates for nurses. I doubt that the public could be got to submit to it in any other way. What otherwise would be surely the work of years, and through much chaos, could then be brought about with great effect in a short while. The exceeding justice of a sliding scale would seem to commend it immediately to nurses. Indeed, it is a matter of surprise that any other way was ever used. The present system is simply a hampering regulation of early days that now we have outgrown.

When the central registry under the state association shall have taken in hand the matter of charges it can better also regulate a nurse's hours on duty. We give to the public what it wants and is entitled to, and it looks with greater favor on our just demand for reasonable hours of work.

Under the state society, in various localities, might grow up nurses'

clubs and living places. In fact, a host of benefits should arise from the united and thought-out plans of such bodies of women, interested in the good of all.

And looking farther ahead to that happy and *not* impossible future when our central registry will be not only self-supporting but remunerative, one hopes that when it is found that a patient needs the most skilful nursing and yet is unable to pay for it, he may have a nurse furnished by the registry at a charge within the patient's means, the difference being made up to the nurse by a fund supplied through the state association, taken from its profits or as the bequest of charity. Then it would truly seem as if we were at last redeeming our pledge to furnish adequate nursing care to the public in illness.

WORKING FOR OUR LIVING *

By GRACE HOLMES

Graduate of the Wisconsin Training School, Milwaukee, Wisconsin
(Discussion of the preceding paper.)

It is said that when a speaker sits down leaving half his audience on their feet, it is a sign that he has made a good speech. When Mrs. Foster sent me her paper to read, and I had finished it, the entire audience was on its feet. I was excited! When that sliding scale comes under discussion I can't keep still.

My first quarrel is with the very words. Why do we talk about a sliding scale? Why do we want a sliding scale?

The sliding scale, if I am rightly informed, means charging more, or charging less according to the kind of work or the financial possibilities. There will always be certain classes of work that will pay above the schedule, and certain nurses who will charge more, and that is right, but it is not what is meant by the sliding scale. The scale could slide up only when the patient is a wealthy one, and we all know that wealthy patients are not in the majority in the general rank and file of our cases.

Is it our object and purpose to secure more employment for nurses or more skilled nursing for the people? If we are trying to devise a plan whereby we can secure more work for nurses, then we may block out any scheme that seems good to us—but that is not the ostensible reason for all this discussion. Our avowed object is to secure skilled nursing

* Read at the Eleventh Annual Convention of the Nurses' Associated Alumnae, San Francisco, Cal., May, 1908.

for every sick person in the United States, at any price which he can pay.

Will you tell me why it is the duty of ten per cent. of the population to see to it that the other ninety per cent. shall have any certain thing, whether they can pay for it or not?

Would you go to the bakers and say, "You must see to it that all the people have bread, whether they can pay for it or not"?

Would you go to the butchers and say, "You must furnish meat to all the people at any price which they can pay"? If shoemakers were required to keep the entire populace shod for any sum they could pay; if upon *any* other class of workers were laid such a burden as we have elected to lay upon ourselves, what would be the result?

Who is demanding that we shall take care of every sick man, woman, and child in America? Are the people demanding it? I am everywhere told that self-respecting poor people practically *never* ask a nurse for cut rates. We need not take account of the wailings of the people who always want everything below market price. They are the same people who move to save paying rent, and who never make a church pledge, because they have heard that salvation is free. They need not arrest our attention; they rarely fall into our hands anyhow. A neighbor, or a nurse from some charitable organization is their usual victim.

The people that we are worrying about just now are the people who have to make great sacrifices to pay us—and those who *can't* pay us even *by* making great sacrifices.

Tell me, are these people clamoring for our services? Far from it!

I think we take ourselves too seriously. Who took care of all these people before we were born? A trained nurse did not officiate at *my* birth—probably not at the birth of most of my hearers.

When I had measles and chicken-pox and scarlet fever, my mother took care of me—ably assisted by my father—and I lived through it all, and I am not deaf nor blind nor (in my own opinion) idiotic. Home nursing runs an equal chance of succeeding, to-day.

We have become so imbued with the idea that we are an indispensable part of the social fabric that we think the world couldn't be run without us; and, to be sure, in a way it couldn't. We *are* indispensable to the hospitals and to modern surgical procedures. But it is *modern surgery* and *skilled nursing* that have grown up simultaneously—medicine has not been very much influenced by our presence—and should every trained nurse in America die to-day, medicine could still get on. I will admit that such a sudden disappearance of nurses might seem a serious calamity.

Yet I want to remind you that all the other agencies for the care of the sick that were in the field before we arrived upon the scene are still here, and are doing business. *We* are a *new* thing—something added to—over and above all the old established agencies and methods. If some of the people are able to secure our services, it does not follow that those who cannot are left worse off than they were before. Indeed, the fact is that they are better off, for our teachings have permeated far and wide, even into regions where we ourselves have never been.

I have possibly made you think that I do not believe in progression; that I think the world has gained nothing by our being here. Far be it from me to take such a stand! I am thoroughly convinced that we are a good thing—I will even grant that possibly I might have been born more scientifically had a trained nurse been present. I believe that all the sick world would be the better for our gentle ministrations, whether they know it or not. The question is, do they know it, and if they know it, do they want us; and if they want us, how are they to get us?

Mrs. Foster states that the “nurse at the bottom of the list” scheme has failed. No wonder! How many of us would like to add to the terrors of, say, a long run of typhoid, an equally long list of bottom of the list nurses? Heaven save *any* patient or family from such an experience!

The proposition to start new graduates at a less charge appears on the surface to have more to commend it, yet I am inclined to think that the result would be only to help solve that other problem—“How to secure nurses for small hospital positions”—and if, in our first years, it is only by the hand of a kind and over-ruling Providence that we are kept out of the clutches of a coroner’s jury, yet the fact certainly remains that the new graduate is bound to be abreast with current technic. Also it costs her as much to live as it does us who have been years in the field. *Also*, it is the prospect of being able to earn twenty-five dollars a week, at once, after graduating, that lures half our recruits into this anxious and difficult field at all. I believe that we would only complicate the superintendents’ problem by eliminating this drawing card.

Judging from such information as I have been able to procure, it would not be possible for the average nurse to live on less than her average income. It appears that in the present condition of things but half of us are able to lay by anything for the fast approaching old age. Half of us are already reducing rates, and most of us are working as great a proportion of the time as it is safe for a nurse to work.

It is pretty clear that the problem cannot safely be solved by any scheme which will keep a nurse working more weeks, while not adding to her income or increasing her savings, unless the world's whole economic plan can be so altered that when she makes a 25 per cent. reduction in her charge she can procure a 25 per cent. reduction in her room rent and laundry bills and can buy other necessities at a like rate. You will say, "that is a ridiculous suggestion and impossible of execution," and I admit it, yet it is far less unfair or ridiculous than to demand that the entire loss shall fall upon the nurse.

Then, how are we to solve the problem? *Why must we solve it?* Is it up to the bakers to see that all the people have bread? Is it up to the shoemakers to see that all the people have shoes? Is it up to the druggists to see to it that all the people have drugs?

It is not even up to the undertakers to see that all the people are buried. Why is it up to nurses to see that all the people have nursing?

Please do not understand me for one moment to mean that this is a problem about which we should not concern ourselves. We have a duty here, just as we have in the great tuberculosis movement, but no one expects us to attack the nursing care of tuberculosis single handed. No more should this other problem be regarded as peculiarly ours. It is not! It is, in *my* opinion a problem for the people to solve.

Personally, I believe it could be solved by some kind of an insurance scheme. A man can be insured in such a way that when he is sick he draws a certain weekly sum of money. Why not carry a sort of insurance that will cover the sickness of any member of the family, by which such a weekly sum is drawn, as will, in addition to what the family can pay, make up the amount that it costs to keep a nurse?

Done on this basis, the people could provide themselves with nurses with no hardship to any one concerned.

Such a plan would require great nicety of detail in working out, but I believe it could be done.

It was my original intention to work out and present such a plan, but when the sliding scale paper was taken off the program, I abandoned that plan and did not indeed intend to touch upon the subject at all, had not Mrs. Foster accused us of operating nurses' trusts and of failing in our duty to the public.

If state associations are to take up the management of registries (or even if they are not), I believe it would not be out of order for them to coöperate, officially, with the public in the starting and management of such a scheme as I have alluded to, which was also suggested to this body by Miss Hollister in her paper on "How Shall We Procure

Skilled Nursing for the Family of Moderate Means?" at the Detroit convention two years ago.

I can see no reason why such a plan could not be made to work out and to meet the need, which certainly does exist, of providing skilled nursing for the people of moderate means, at a price which they are able to pay, which, let me repeat, is the real object of this discussion.

THE HIPPOCRATIC OATH

BY MARY CADWALADER JONES

For some years past a modified version of the Hippocratic Oath has been administered by me, in my capacity as chairman of the Advisory Board of the New York City Training School for Nurses, to the graduating class at their annual commencement, and a sketch of the history of the oath itself may be interesting. Dr. John G. Curtis, professor of physiology at Columbia University, published such a sketch in 1902, together with a translation of the oath, and I gladly avail myself of permission to quote his words, as I certainly could not improve on them:

"The ancient Greek writings commonly called 'The Works of Hippocrates of Cos' were judged even by ancient Greek critics to be really by various authors. The truth of this conclusion is plain to modern scholars. These writings have probably existed as in some sort a collection since the early days of the Alexandrine library, near the beginning of the third century B.C.; and the composition of the several writings may safely be referred to the fifth or fourth century. Which of them are truly works of the famous physician whose name they bear is quite uncertain, as no direct contemporary testimony exists. Modern critics can only sift internal evidence, and compare the views of earlier critics, ancient, perhaps, but often naïve or biased. Many writings in the collection, however, are plainly as old as Hippocrates, if not older. He was born in 460 B.C.; died, probably, in 377 B.C., and was a worthy of the great period often styled that of Pericles. There is no proof, however, that Hippocrates was ever at Athens, though he was known there; and scarcely anything is known of his life with certainty.

"One of the most famous writings of the Hippocratic collection is that entitled 'The Oath.' It is probably at least as ancient as Hippocrates, but that he composed it can neither be affirmed nor denied. Traces of its widespread influence occur in history; and by means of it modern physicians still hand down the traditions of their calling to those about to receive a medical degree. The ancient words do not accord with

the changes wrought by twenty-two centuries in men, beliefs, and manners; but no modern words can be nobler, and the ancient thoughts are vital to the modern oath. The following is a translation of the Greek original into English: 'I swear by Apollo the Physician, and Æsculapius, and Hygeia, and Panacea, and all the gods and all the goddesses—and I make them my judges—that this mine oath and this my written engagement I will fulfil so far as power and discernment shall be mine.

“ ‘Him who taught me this art I will esteem even as I do my parents; he shall partake of my livelihood, and, if in want, shall share my goods. I will regard his issue as my brothers, and will teach them this art without fee or written engagement if they shall wish to learn it.

“ ‘I will give instruction by precept, by discourse, and in all other ways, to my own sons, to those of him who taught me, to disciples bound by written engagement and sworn according to medical law, and to no other person.

“ ‘So far as power and discernment shall be mine, I will carry out regimen for the benefit of the sick, and I will keep them from harm and wrong. To none will I give a deadly drug, even if solicited, nor offer counsel to such an end; likewise to no woman will I give a destructive suppository; but guiltless and hallowed will I keep my life and mine art. I will cut no one whatever for the stone, but will give way to those who work at this practice.

“ ‘Into whatsoever houses I shall enter I will go for the benefit of the sick, holding aloof from all voluntary wrong and corruption, including venereal acts upon the bodies of females and males whether free or slaves. Whatsoever in my practice or not in my practice I shall see or hear, amid the lives of men, which ought not to be noised abroad—as to this I will keep silence, holding such things unfitting to be spoken.

“ ‘And now if I shall fulfil this oath and break it not, may all the fruits of life and of art be mine, may I be honored of all men for all time; the opposite, if I shall transgress and be forsworn.’ ”

Dr. Curtis, in his comments, said:

“Hygeia and Panacea were daughters of Æsculapius.

“The abjuration of lithotomy in the oath contains the only mention thereof made in the Hippocratic collection. The ancient practitioners of medicine freely practised operative surgery; and no certain cause can be assigned for their refusal to cut for the stone. It has been shrewdly guessed, however, that the cause lay simply in the formidable dangers of a rude and uncertain procedure.”

It is interesting to notice the clause limiting instruction in the

science of medicine to the sons of the physician and of his teacher, and to disciples bound to him "according to medical law." This shows how ancient is the idea of the close corporation, which, spreading out into every field of learning and art, produced the various powerful guilds of the Middle Ages.

The medical school of Columbia University held its first graduating ceremony in 1812. The oath was given on that occasion and, to the best of Dr. Curtis's knowledge, has always been given since. It is also given in some American medical schools, but not in others and, from what I can gather, does not seem to be frequently administered in Europe.

At the annual commencement of Columbia University the following version, made by Dr. Curtis, is used for the graduating class of the College of Physicians and Surgeons:

"You do solemnly swear, each man by whatever he holds most sacred:

"That you will be loyal to the Profession of Medicine and just and generous to its members;

"That you will lead your lives and practise your art in uprightness and honor;

"That into whatsoever house you shall enter, it shall be for the good of the sick to the utmost of your power, you holding yourselves far aloof from wrong, from corruption, from the tempting of others to vice;

"That you will exercise your art solely for the cure of your patients, and will give no drug, perform no operation, for a criminal purpose, even if solicited, far less suggest it;

"That whatsoever you shall see or hear of the lives of men which is not fitting to be spoken, you will keep inviolably secret.

"These things do you swear? Let each man bow the head in sign of acquiescence.

"And now, if you shall be true to this, your oath, may prosperity and good repute be ever yours; the opposite, if you shall prove yourselves forsworn."

Some years ago I heard Dr. Curtis administer this oath at one of the Columbia University commencements, and it struck me as so impressive that I wondered if some form of it might not be of use for the graduates of the New York City Training School. I therefore made a modified version, and before giving it for the first time I added a few remarks by way of introduction, as follows:

"Until very recently women have had so little part in any actual competition with men that they have been exempt from many rules by which men are governed, but the old order is changed, and, with a

share of men's honors and rewards, we must also be prepared to accept their responsibilities.

"The trained nurse necessarily occupies in the household a position of confidence compared to which even the physician's is secondary. She is there at all times, while his visits are occasional; by day and by night all that goes on, in the sick-room and outside it, must almost inevitably be known to her.

"It is to the credit of your profession that, so far as I know, the knowledge thus gained has never been abused, but there is a feeling, not general, perhaps, but wide-spread, that nurses gossip, more or less, in one house about what has happened in another.

"As you all know, doubtless, some of the medical schools administer to their students when they graduate what is known as the oath of Hippocrates. That great physician lived more than two thousand years ago, and scholars think that this oath may have been old even in his day. The gods by whom the ancients swore have been discarded, but duty and honor are immortal.

"I will now ask you to listen to a version of the Hippocratic oath, modified to suit your profession, and when you have heard it, to accept its obligations and to observe them faithfully:

"You do solemnly swear, each one by whatever she holds most sacred

"That you will be loyal to the physicians under whom you shall serve, as a good soldier is loyal to his officers;

"That you will be just and generous to all worthy members of your profession, aiding them when it shall be in your power so to do;

"That you will lead your lives and practise your profession in uprightness and honor;

"That into whatsoever house you shall enter, it shall be for the good of the sick to the utmost of your power, and that you will hold yourselves aloof from all temptation;

"That whatsoever you shall see or hear of the lives of men and women, whether they be your patients or members of their households, you will keep inviolably secret, whether you are in other households or among your own friends.

"If you accept these obligations, let each one bow the head in sign of acquiescence.

"And now, if you shall be true to your word, may prosperity and good repute be ever yours; the opposite, if you shall prove yourselves forsworn."

Conscience and self-respect will naturally lead an honorable physi-

cian or nurse to fulfil these provisions even if they have not been formulated, but to bind oneself by a solemn obligation, in the presence of witnesses, gives, in my opinion, useful moral support against possible future temptation.

HOSPITAL CARE FOR THE ADVANCED AND INCURABLE CASES OF CONSUMPTION *

By S. H. CABANISS, R.N.

Graduate of Johns Hopkins Hospital; Chief Nurse, Instructive Visiting Nurses' Association, Richmond, Va.

FOR some few years past, the pens of the scientific and philanthropic have busied themselves to such an extent with tuberculosis, that very few among the learned, or unlearned, remain absolutely ignorant of the causes, methods of treatment and prevention of the White Plague. But the foolhardy indifference and negligence of the public, of the great mass of humanity, continue to a degree beyond what seems explicable to the more thoughtful few.

If the truth of the trite saying, "Fore-warned is fore-armed" be not warped and threadbare from the test of time, surely tuberculosis must soon disappear along with other deadly but vanquished foes of human health and weal.

The tremendous educational work being carried on in the widespread tuberculosis campaign *must* compel attention and with it, the interest and coöperation of the public. This will lead to suitable provision for the consumptive in every phase of society.

Already by the aid of the press, the tuberculosis exposition, lectures, etc., there are very few who are not familiar with the nature of the disease, and some approved methods of prevention and cure. All of this educated public sentiment has led to the establishment of numerous sanatoria throughout the country, yet the demand for such care for the victims of pulmonary tuberculosis continues to be most inadequately met.

The wealthy and even the people of moderate means need concern us comparatively little at the present time, in so far as individual cases in their own homes are considered. The chief difficulty with such cases is in securing prompt diagnosis and, in some few instances, in gaining faithful and intelligent coöperation with doctor and nurse in combating the malady.

* Read at the International Congress on Tuberculosis, Washington, D. C.

This class of patient, if in the curable stages of the disease, has no trouble in obtaining sanatorium care if desired, and if not, the supervision and encouragement of skilled nurses in the home.

These patients can also provide themselves with whatever environment is deemed most agreeable and advantageous.

After almost a decade of experience in visiting nursing, one must realize the imperative need for hospital care of the consumptive of very limited means and the indigent consumptive cannot be lost sight of; for if this warfare against the awful scourge is to be victorious, this seems one of the most important points upon which to concentrate attention, and provide without delay the scientific and financial where-withal essential to establish and equip, first of all, hospitals for the incurable consumptives of the poorer classes. Not only should these institutions be provided, but such legislation, both state and municipal, must be enacted as may be required to compel every victim of tuberculosis who is unable to secure suitable care in his own home (or who either cannot, or will not, use such precautions as to prevent his being a menace to the health of the family or others), to enter the hospital.

From a financial standpoint this is in every way a wise and profitable investment.

Consider, for instance, the incurable, or careless consumptive in a home where laundry or needlework is the main source of income, or has been adopted as such, because the chief bread-winner in the home, since the consumptive became an invalid, must have home occupation, in order to care for the patient at all. In winter, there must be only one fire, that usually in the kitchen, and often we find the bed of the patient moved into this room, especially if clothing and bed-clothing be insufficient. The family launders clothes, which are often placed upon this bed before being put into the baskets or parcels to be returned to the owners, who, in turn, for airing, etc., place them for some hours on their own beds, or at all events in their bedrooms.

The members of the family of the patient eat all meals in their kitchen, and if equal to that much exertion, the consumptive does what he can toward the preparation of the food. The result of such conditions requires no explanation. Suffice it to say, that perhaps in nine cases out of ten the patient's family and the families whose laundry is thus contaminated, do not escape infection! Even with instruction and the help of the visiting nurse and such further aid as to food and clothing as the charity organization, diet kitchen, church guilds, or generous individuals may contribute, many cases in these conditions cannot apply what they know to be right methods of care and prevention.

One of the most pathetic cases in our city was a mother of five or six children, the youngest an infant of a few months; the husband, employed in machine shops, had to leave home at six o'clock in the morning on account of his work, and be absent all day. None of the children was old enough to keep the home in order, or attend to the mother. A kind neighbor came each morning, prepared food for the day, and made the toilet of the mother and baby. All day long the children played in and about the room, climbing on the bed, kissing and caressing their mother, devouring eagerly the bits of food or drink left in her plate or in her cup. When weary of play, they would sleep as closely to her pillow as possible. These were the conditions found by the nurse. She explained the danger to the mother, who said, "Ah yes, when I was first taken, we had a doctor, but he said I could never get rid of the cough, but I must do all I could to keep up my strength. Told me what to eat and said always take as much as I could swallow, that the cough was catching and I must not have the children around. But you know, Miss, I don't believe I am going to be here long, and my man and I tried to plan the best way about it all. He wants me to pay the lady, our neighbor, something for coming to fix us up and get the meals cooked. So he keeps on at work to get house rent and the things to eat, but it has kept cold so late this spring we had to let the Association give us some coal and wood. So he works every day, and the children are pretty good here with me—not much trouble. We cannot send them away because they are so little, they would forget all about me, so we will keep them until I go, then they must live with his people and mine. It can't be much longer I am sure, Miss." Here a little lad of less than four years ran in from the street—just to be loved a little. The nurse tried to make him understand that it was best not to kiss or touch sick people. But the little fellow looked up so earnestly at her and said, "Wouldn't you want to kiss your mamma every time you could?—and if she was sick you ought to want to all the more."

Could this woman have entered a hospital, the danger of the family would have been greatly lessened. The expense of the household, perhaps, would have been smaller. Surely, then, the chances would be greater for preventing the husband contracting the disease and becoming himself a dependent, leaving the children also without support.

Tuberculosis, like other ills, is a case to be fought in the home. But there are instances where suitable provision cannot readily be had or made in the home.

During the past year, our sympathies were greatly aroused in

behalf of a young Austro-Hungarian girl of eighteen, who spent a little more than two years in America, absolutely alone as to family connection in this country. Her case was quite promptly diagnosed and with care, seemed in every way curable. She was intelligent and did all in her power to aid our efforts in her behalf. In a short while, her means were exhausted, and she was dependent upon a Hungarian family (whose acquaintance she had made while in America), for food and shelter. It was soon found that she had little food excepting the milk and eggs which the nurse provided. Funds were raised to place her in the little sanatorium in the mountains of Virginia. She improved steadily, but slowly. Being very energetic and industrious, the enforced idleness was most trying to her. The physician-in-charge, also an Austrian, knowing the expense was heavy upon us, and noting her restlessness, which increased with her improvement, advised that we send her home to Austro-Hungary, as her parents were living, and her home in a most healthful section of Austria. Furthermore, as it would be very long before she could retain what progress she had made, except under sanatorium care, it would be cheaper.

This brings out yet another point—unless light employment can be provided for these improved cases, or their support guaranteed, nothing whatever of material gain is derived from a short stay in a sanatorium. The patient learns to take care of his case and to protect others, but he has not sufficient means to apply the education he has obtained. The situation is quite identical with the Scriptural account of the destitute brother or sister who is told “Depart in peace, be warmed and filled, notwithstanding ye give not those things which are needful to the body.” What doth it profit? With sufficient and proper food, favorable environment and not too arduous work, the consumptives who have had the improvement which comes from a short sojourn in the sanatorium, or even many of the advanced cases, may earn a living and perhaps aid others.

Yet, the percentage of cases able to provide such conditions is extremely small, and the majority must be aided, and usually this assistance can mean only enough for palliative treatment—nothing better!

Self-preservation demands that each and every individual shall exert all the influence possible to procure hospital care for all tubercular patients in such need.

Some years ago, when my professional career began as superintendent of a hospital in the city of my adoption, with no special ward or provision for tuberculosis, no modern methods of fumigation and sterilization, consumptives were admitted promiscuously to the hospitals.

At my urgent request, our board of directors began to refuse all cases of consumption and intestinal tuberculosis, and within three years not a hospital in the city, excepting the almshouse, would admit such cases. In the past four years, the insane hospitals provide special and up-to-date care for their consumptive patients. We have also a few private sanatoria for consumptives; but to the great masses of white and negro poor, only the almshouses are opened. These give little more than shelter and simple food, little if any instruction and scientific care. Public safety calls for more sanatoria, but especially for hospitals for the incurable consumptive poor!

The state, public health boards, religious organizations, wealthy men and women, must accept the expense and responsibility of providing these hospitals, if the scattering broadcast of tubercular infection is to be restricted and stamped out. How long must this call be so feebly answered? As Miss Fulmer has said: "Why this dearth of soldiers in this modern warfare against this overwhelming, insidious enemy?" The reward is great—what is better than saving to our homes and state human lives whose waste is now so far beyond accurate reckoning?

HOUSEKEEPING FOR TWO

By ANNA B. HAMMAN

Instructor in Foods and Cooking, Mechanics' Institute, Rochester, N. Y.

(Continued from page 187)

SOME day when there is time enough try a lamb stew. You must not attempt to do it in a hurry, because the tougher portions of meat are used for stews, and nothing but long cooking at low temperature will make them tender and palatable. It is always a satisfaction to convert one who "hates stews," and it can usually be done by setting before him a stew in which a little brains and some care have been used.

Have the butcher give you a pound of shoulder of lamb, cut in pieces for stewing. He can usually be trusted to give you nearly two pounds if you ask for one. Wipe the pieces of meat with a damp cloth, put them in a kettle and pour over them enough boiling water just to cover them. Cover the kettle, and bring the water quickly to the boiling point. Then turn the fire low and let the water barely simmer until the meat is tender. If a bubble comes to the surface now and then, it is cooking fast enough. It should cook about three hours, but it needs no attention except to see that it does not get to boiling. Add salt and a little cayenne or paprika when it is about half done. An onion may

be cooked with it for flavor, if you like. When the meat is tender, take it up on a hot dish. Thicken the liquor with butter and flour which have been cooked together three minutes, using three tablespoons each of butter and flour for a pint of liquor. Let the gravy come to a boil after adding the butter and flour, then pour it over the meat.

A hot stew made from slowly cooked meat, with plenty of rich, smooth, well-seasoned gravy, is an appetizing dish. But when the meat has been hurriedly boiled and it is served with pale, lukewarm gravy, carelessly seasoned and plentifully dotted with lumps of uncooked flour, a meat stew deserves the bad name it has with many people.

Rice and Nuts. This is another meat substitute, and one of the best, so far as flavor is concerned. The rice should be boiled or steamed and allowed to cool or be rinsed with cold water. Pecans are the best nuts to use. One cup cooked rice, two-thirds cup pecan meats chopped fine, few drops onion juice, salt, pepper, two-thirds cup milk, two teaspoons butter, two teaspoons flour, two tablespoons grated cheese. Mix the rice, chopped nuts, onion juice, salt and pepper, and put them in a baking-dish. Make a white sauce of the milk, butter and flour, stir into it the grated cheese, and pour it over the rice and nuts. Set the dish in a moderate oven and bake until delicately browned on top.

A Group of Winter Vegetables. Turnips, cabbage, onions. All strong-flavored and strong-smelling. That means, first, that they must be cooked in plenty of water and drained; second, that they must be cooked with the windows open; and, third, that they must be cooked in an uncovered kettle. The strong, disagreeable odor of these vegetables is due to certain gases, which, if allowed to pass off in small amounts as they form, are much less noticeable than if confined under the kettle cover until large quantities collect, to be finally forced out and carried all over the house. Moreover, one of these gases, hydrogen sulphide, will be reabsorbed to a great extent by the vegetables, if they are cooked in a covered kettle, and it discolors them and makes them indigestible. These strong-flavored vegetables, then, will be a better color, more digestible, and less disagreeable during the process of cooking, if they are cooked uncovered.

Creamed Turnips. Wash and pare the turnips, taking off a thick paring. Cut them in half-inch slices and let them stand in cold water a half-hour, if convenient. Cut them into half-inch cubes, cover well with boiling water and boil until tender, from twenty minutes to half an hour. Add salt five minutes before taking up. When tender, drain, and put them into a half-cup of white sauce.

Onions. Peel, rinse and put into plenty of boiling water. If

cooked uncovered they will need but one water. Cook until tender, salting ten minutes before they are done. They will need at least an hour's cooking, more if they are large, as they must be thoroughly tender all the way through. Drain, season with salt, pepper and butter, or cover with white sauce, or pour over them a little cream if you have it, and reheat carefully.

How to Use up a Head of Cabbage. To begin with, the head must be as small as you can get, for cabbage, if it is good and solid, goes an astonishingly long way. Cut it in three sections, wrap up two of them in paper and put them in a cool place. They will keep three or four days. Soak each section as you use it in cold salted water, to draw out any insects there may be among the leaves. Cut up one section and put it into plenty of boiling water. Cook until the leaves look transparent and are tender when tried with the fork. It will take from half to three-quarters of an hour. Over-cooking does not improve it. Salt five minutes before it is done. Drain, sprinkle with salt and pepper, dot over plentifully with butter, let it get thoroughly hot again and serve.

Cook the second section in the same way, but after draining it mix it with white sauce, put it in a baking dish, sprinkle stale bread crumbs, buttered, over the top, and set in the oven until nicely browned.

The third section will make a good salad. Shred it finely, put into cold water to make it crisp, drain on a towel, and mix with a cooked dressing. Spanish red peppers shredded or chopped make a pretty addition to cabbage salad. Celery also is good with cabbage.

Scalloped Apples. These make an inexpensive and easily prepared dessert. Two tart, juicy apples, one-half cup stale bread crumbs, one-half tablespoon butter, one-quarter cup sugar, a little nutmeg or cinnamon. Melt the butter and stir in the bread crumbs. Cover the bottom of a buttered baking dish with crumbs, put in a layer of apples cut in pieces, sprinkle with sugar and spice; add another layer of buttered crumbs, then apples, sugar and spice, with a layer of crumbs on top. A teaspoon of lemon juice with a few gratings of lemon rind may be added to the apples. Unless the apples are very juicy and tart, less sugar may be used. Bake one-half hour in moderate oven. The apples should be thoroughly cooked and the crumbs on top nicely browned. Serve with sugar and cream.

We must not forget during these winter months to make free use of all our winter fruits, dried and fresh—dates, figs, raisins, apples, bananas, oranges, grapefruit. The fruit habit is a good one to form, and nothing alarming will happen to us if circumstances compel us to live for a day, now and then, on bread and butter and fruit.

THE NAVY NURSE CORPS

By ESTHER V. HASSON

Superintendent of the Nurse Corps, United States Navy

THE only admission to the Nurse Corps of the Navy since the list published in the November JOURNAL, is that of Mary Carter Nelson, a graduate of the Johns Hopkins Hospital. Miss Nelson served a few months during the Spanish War as an Army nurse on duty at the military hospital at Chicamauga Park. Of late years Miss Nelson has been engaged in tuberculosis work under the Board of Health of the City of New York.

As the Navy Corps is as yet in its infancy, there is but little to write about it in regard to the actual scope of the work. This first few months is, as it were, an experimental period during which time the whole situation is being carefully studied with a view to formulating such rules and regulations for the government of the Corps as actual experience may prove to be necessary.

The uniform for the Corps, as recommended by the superintendent, and approved by the Surgeon-General and Secretary of the Navy, will be as follows:

Shirtwaist, skirt, and belt of light weight, white cotton drilling, made according to prescribed patterns and measurements; Bishop collar; cap of white Persian lawn with one inch band of black velvet; on the left sleeve of the uniform half-way between the shoulder and elbow will be embroidered the "Geneva Red Cross"; the pin which will be the special insignia of the corps will be about the size of a silver quarter, made of heavy gold plate with dull rough surface. The design in blue enamel will be that of an anchor combined with the caduceus, immediately under the design will be the letters U. S. N. also in blue enamel. Nurses will not be allowed to wear this pin until after the completion of the first six months of service, as this is, in a way, a probationary period during which their suitability for military nursing will be judged.

The plans for the nurses' quarters in Washington are already drawn, and when completed will be well adapted for the purpose, and will compare favorably with the modern homes provided for the pupils of thoroughly up-to-date training schools. It is the wish of the Surgeon-General to have each new set of quarters built for the nurses a model of its kind. In some instances it will be necessary to remodel old sets of quarters; when this is done the result will not be quite so satisfactory

but it is expected that even these will be thoroughly comfortable. The quarters in Washington are to be built on the grounds of the Naval Medical School Hospital. They will be delightfully situated, and many of the windows will overlook the Potomac. Ample provision has been made for bathing facilities, reception and living rooms. We scarcely expect them to be ready for occupancy under two years, and this seems a long time to look forward to, but we have the satisfaction of knowing that when completed they will be all that can be reasonably wished for or expected. At present the nurses are occupying two rented houses, numbers 539 and 541 21st Street, N.W. These are within easy walking distance of the hospital, and although they are not quite all that could be desired, seem to meet the present requirements fairly well, and I think it may safely be said that the home life of the nurses is a happy and contented one.

The Navy has been generous to its nurses in regard to its subsistence allowance, which is seventy-five cents a day per nurse for food alone; quarters, heat, light, etc., will be paid for out of another fund. We have already had the pleasure of welcoming as dinner guests Mrs. Kinney, superintendent of the Army Nurse Corps, and Miss Nevins, superintendent of the Garfield Memorial Hospital and Training School. The seven ex-army nurses of the Navy Corps were entertained by Mrs. Kinney on the evening of December 8 in her attractive apartment at the "Brunswick." This was a most enjoyable occasion, as all were old campaigners in the Philippines, Cuba, Porto Rico, etc., and consequently there were many old battles to be fought over again, and reminiscence of the pioneer work in the Army to be talked over and discussed.

RULES FOR THE BABIES' FEEDINGS

FROM THE LAKESIDE HOSPITAL
Cleveland, Ohio

HAVE ready at 11 A.M., sharp, all changes made by the physician in formulæ for the day, empty bottles and left-over feedings, not including the 12 o'clock feedings, which the head orderly will take to the diet kitchen.

As soon as the feedings are prepared, he will bring them to the wards. After the babies have taken their feedings, the bottles must be emptied, and carefully rinsed with tepid water and then with hot water, and turned upside down to dry.

The nipples must be carefully washed after use, boiled and returned

to a separate marked glass. In preparing the food for the children, the nurses must exercise great care in regard to the temperature of the feeding, also in the giving of the food.

Each nurse must cleanse, according to directions, the bottles and nipples that she has used. The senior nurse will be held responsible for having them ready at 11 A.M. sharp.

RULES FOR THE BABIES' DEPARTMENT, DIET KITCHEN

At 11 A.M. the head orderly will bring to the kitchen all changes that have been made in the standing formulæ for the day, all empty bottles and all left-over feedings. This does not include 12 o'clock feedings. As soon as the freshly prepared food is ready, he will take it to the wards.

All formulæ and special feedings for the babies must be measured, bottled, sterilized, if necessary, between the hours of 1 and 2 P.M. daily, and not at any other time without permission of the principal of the training school.

Each bottle must be carefully tagged with the baby's name so as to prevent mistakes at feeding time on the ward. All preparations must be made up exactly as ordered by the physician, not the smallest possible change made without the written order of the physician.

The measuring of the food must be done only by the dietitian and during her absence by the supervisor of the probationers. The whole preparation must be done in an absolutely sterile way; a sterile sheet must be placed upon the table; all utensils, bottles and rubber caps for the bottles, must be carefully washed and sterilized. Bottles to be sterilized not later than 11.30 A.M.

The dietitian or the supervisor of the probationers must wear a clean apron and her hands must be carefully cleansed. Sterile boiled water must be used for rinsing the utensils.

When the empty bottles come from the ward they must be placed at once in a large pan of tepid water.

RED CROSS WORK



ANNUAL REPORT OF THE PRESIDENT OF THE PENNSYLVANIA BRANCH

JOHN S. MUCKLE, president of the Pennsylvania Branch of the National Red Cross, reports the following work accomplished:

“In December, 1907, a request was received from the National Headquarters in Washington for funds for the sufferers of the Monongah Mine disaster in West Virginia, and an appeal was sent out and funds collected.

“In January, 1908, we were advised from the National Headquarters in Washington that a calamity had occurred at Boyertown, Pa., and we were instructed to use our own judgment in reference to aid. Arrangements were quickly made to send six physicians and twelve nurses, but before they were sent we were advised by the Boyertown authorities that they had all the necessary assistance, and a fund was collected and forwarded.

“On May 1, 1908, a request was received from the National Headquarters in Washington for six nurses for the Hattiesburg cyclone disaster, at Hattiesburg, Perry County, Mississippi. These nurses went forward the same evening and arrived on the scene of disaster twenty-four hours before nurses from any other point. It required only nineteen minutes from the time the request was received from the National Headquarters in Washington for us to report back, ‘The nurses are ready to start.’ This was the first time the emergency system adopted by this branch was put in action, and it proved a perfect success. In addition to the nurses’ service, nine packages of men’s, women’s and children’s clothing and two cases and one bale of flannel were also provided.

“In September, 1908, a request was received from the National Headquarters in Washington for funds for the sufferers of the Georgia-Alabama floods, and an appeal was sent out and a fund collected and forwarded. In addition to the fund, nine cases of men’s, women’s and children’s clothing were forwarded, eight cases of which were very generously donated by the Woman’s Permanent Emergency Association of Germantown.

“During the year we have enrolled fourteen Red Cross nurses,

under the rules and regulations laid down by the National Headquarters in Washington.

* * *

“During the last year all hospitals, health departments and like institutions were requested to desist from the use of the ‘Red Cross’ emblem, and it is with much pleasure that we announce that it is now very little seen or used on the paraphernalia of the above institutions in this State.

“At the annual meeting of the American National Red Cross Society in Washington on December 2, 1907, one of the members of this branch presented a design for a ‘Red Cross insignia’ to be used only by officers on ‘important official occasions.’ This was adopted by the Central Committee of the ‘American National Red Cross,’ at its meeting in Washington on March 18.

“In the early part of this year, 1908, all the banks and trust companies in Pennsylvania were approached with the request that they act as guarantors should a deficit occur for the next three years in this branch. While many consented, we did not have a sufficient number to make the plan operative, and so the idea was abandoned.”

The total membership November 1, 1907, was 386; total membership, November 1, 1908, 1756; a gain for the year of 1370.

DISBURSEMENTS.

Monongah Mine disaster	\$2,529.36
Boyertown fire disaster	307.25
Hattiesburg cyclone	163.50
Georgia-Alabama flood	106.00
Russian famine fund	8.00
California earthquake	2.00
Chinese famine	125.19
Jamaica	3.00
Darr Mine disaster	1.00
Sale of Christmas stamps	68.56
Headquarters expenses	907.12
<hr/>	
Total disbursements	\$4,220.98

The President of the Pennsylvania State Branch, John S. Muckle; secretary, Joseph L. Steinmetz, and treasurer, Mrs. A. J. Cassatt, were elected at the annual meeting held in Independence Hall, November 17.

The Red Cross Christmas stamps were issued at this meeting, and the headquarters at Fifth and Chestnut Streets is the branch distributing office.

THE CHRISTMAS STAMP

THE Christmas stamp issued by the American National Red Cross for the purpose of raising funds to combat tuberculosis has been placed before the public in practically all the states of the union.

Those familiar with the antituberculosis work of the foreign Red Cross and other large continental societies will recall the handsome Christmas and tuberculosis stamps issued for the purpose of raising funds to carry on the work. These go on all mail, though not taking the place of the postage stamp, and so popular have they proved that now, after four years of their employment, the returns are, in most cases, larger than ever. They distribute the burden of support over thousands of persons and arouse the interest of many who but for them would be a long time finding out that tuberculosis is curable and preventable.

The Christmas stamp is not a foreign discovery. It claims America as the land of its origin. It was, to be exact, in Boston in 1862, at a Sanitary Fair, that the stamps were sold to benefit the wounded in the Civil War, and the stamps were called Sanitary Fair stamps. For many years afterward nothing was ever heard of the device, and then in 1904 the Portuguese Red Cross issued a stamp to raise money for its own work. Soon afterward the Red Cross in other countries took it up and then many societies for tuberculosis work. In many countries the postal authorities coöperated, permitting their clerks to sell the stamps outside of busy hours. In Denmark the government itself issued and handled the sale of the stamp. During the first year more than \$20,000 was netted from the sale of these stamps at half a cent apiece. The money was appropriated toward the erection of a tuberculosis hospital for children. Every year since the receipts have been very much increased. The experience of all countries has been practically the same—the stamp has been established as a happy and sure method of meeting expenses.

The experience of the foreign Red Cross and antituberculosis societies is not contradicted by the trial which was given the stamp last year by the Delaware Branch of the American Red Cross—very small, very conservative, not given to enthusiasm, and having only a few shacks in a woodland meadow near Wilmington as a tuberculosis hospital. The state as a whole was ignorant and uninterested on the subject, yet the stamp, printed and put on the market only eighteen days before Christmas, amazed every one by its sensational record. Fifty thousand had been printed to sell at one cent apiece. They went in a week, and then the stamp got into Philadelphia, where the Pennsylva-

nia Red Cross welcomed it and backed it, and the *North American* gave it splendid aid. The Delaware schools sold it, the women's clubs in Delaware took it up, the newspapers gave columns to it, the department stores, banks, drug stores and hotels sold it. Nearly four hundred thousand were sold, and nearly three thousand dollars cleared from this small, unobtrusive penny stamp.

With this money the Delaware Red Cross first brought an educational antituberculosis exhibit to Delaware, which was visited by twenty thousand people in ten days. A nurse was sent to the sanitarium, and a free dispensary supplied with milk and eggs, drugs, and a visiting nurse for the consumptive poor, and this has gone on all the year. One thousand dollars has been set aside as a nucleus toward building a hospital.

The New York State Branch used the stamp during the holiday season for the benefit of the new Vanderbilt Clinic.

With such a demonstration of the Christmas stamp possibilities, the National Red Cross this year decided to issue it in every state and raise money both for its own Red Cross day camps and also for other tuberculosis work by other organizations, which would welcome needed assistance.

The beautiful design for the stamp is the contribution of Howard Pyle, the famous artist. It is in three colors, and bears a wreath of holly and the legend Merry Christmas and Happy New Year. It will bear comparison with the many interesting and beautiful foreign stamps.

NURSING IN MISSION STATIONS



A TRAINING SCHOOL FOR NURSES IN THE TURKISH EMPIRE

By JANE E. VAN ZANDT, R.N.

Graduate of the New York Post-Graduate Hospital

ON June 17, 1908, three young women were graduated from the Training School for Nurses, of the Syrian Protestant College, Beirût, Syria. It was an occasion of great interest, they being pioneer nurses and the first class of women to receive instruction in the college.

Three years ago, when the school opened, we thought ourselves very fortunate in having five pupil nurses—three Syrians and two Armenians. Nursing, as a profession, is little known or appreciated in this country. Parents prefer to see their daughters sit at home or married, and consider their dignity is lowered by serving in a hospital.

The first probationers to come to us were two Syrian girls, sisters, educated in mission schools. They confessed, after being with us a few months, that had they known what nursing really meant, they would never have come. They had seen pupils working in hospitals, but thought a training school consisted of book-learning and instruction by the bedside, with the regular ward work and general care of the patient done by servants. They were most unpromising pupils. Probably for the first time in their lives they exerted their wills to do what was, to them, very distasteful, and it was not long before they began to take a pride in their work, and to really appreciate it. These girls were with us only one year, and were then taken to Armenia by their parents.

During the three years several probationers came and left for reasons of health or finding the work too hard. The three who stayed with us through the course have proved very efficient and we consider it a most propitious beginning to this new work.

Last spring circulars were printed and sent to all the mission stations in Syria, Palestine and Asia Minor. The school was also advertised through the medical students of the college, who came from all the surrounding countries. The result is that we have, this fall, a new class of thirteen nurses, besides three, who were here last year, and our graduate nurses. These, together with a waiting list of twelve, is most encouraging.



DINNER IN THE GARDEN.



UNDER THE PRIDE OF INDIA TREES.



TAKING AN AIRING ON THE BALCONY.

Our school this year will consist of Armenians, Syrians, Jewesses and one French girl. We have applications from Russians and Greeks. So, you see, we might almost be called an international training school.

The instruction is in English; our American text-books are used, and lectures are given by the professors of the college medical school, who are the doctors in charge of the hospitals.

We are obliged to feel our way along and adapt ourselves in certain ways to the customs of the country, always bearing in mind a high standard and the best possible education for the nurses, hoping, in this way, to be able to select the best material the country affords.

The probation period is four months; the applicant must be at least seventeen years of age and have a knowledge of English sufficient to enable her to study from our text-books; £2 sterling are paid on entrance; if, at the end of four months, the medical faculty refuse to accept her, £1 is refunded. After the probation period a small allowance is given each month. At the close of the course £1 is paid by the pupil for her diploma. I trust, before long, the nurses in Syria will be organized and have a voice in the international conferences.

We began about three and a half years ago, in a large two-story native building, the hospital, for women and children only, on the second floor, and our living quarters and one convalescent ward on the ground floor. These houses adapt themselves very nicely to this sort of work; the walls are either painted or whitewashed, and the floors are red tiles or white marble. No wall paper or carpets are seen in this country.

We have had such a cosy time in our temporary abode, and feel quite homesick at the thought of spreading out in the new buildings. The women's pavilion is just completed, and we hope to open it at once. The eye and ear pavilion will not be ready for use for several months. The cornerstone of the new children's building was laid last week. This year we are using our temporary hospital for the children. We hope, before long, to have a small place for skin diseases. The adult cases in general surgery and medicine are taken care of at the German Hospital, by our doctors, and the nursing is done by the Kaiserswerth deaconesses.

There is probably no college in the world more beautifully situated. The campus, on a slight elevation, overlooks the Mediterranean Sea, and off in the distance are the mountains of Lebanon, with their snow-capped peaks. All winter long, while Beirût is green and lovely, we have these beautiful white masses of snow in view. The college is a missionary, non-sectarian institution, receiving students from all parts of the world. Last year there were over eight hundred enrolled.

The hospitals, just outside the college grounds, are strictly educational institutions for the use of the medical school, and must be up to date in every possible way. This idea we hope to carry on in the training school as well.

Our patients sometimes come from great distances; many of them travel for days on mules, donkeys, camels or even walking. Frequently a bedouin from the desert will appear. These people are very suspicious and skeptical of us at first, but soon overcome their distrust, and make satisfactory and certainly most interesting patients. Last year one woman felt she could not bear it to sleep in a bed under a roof and begged to be allowed to rest on the ground in the garden.

The patients are constantly calling down blessings upon us. Often I hear some one trying to get the attention of a nurse, and, going in to her, ask what she wants. She will say: "Peace to you," or "God keep you," and only after asking a few questions can I find out what is needed.

ITEMS

Spirit of Missions reports the following appointments of missionary nurses: Margaret E. Wightman, graduate of the Woman's Hospital, Philadelphia; Agnes M. Huntoon, Chicago; Anne E. Cady, Albany; Adda Knox, St. Luke's, Duluth; Henrietta Barlow and Margaret E. Wygant, to Alaska.

LOTTIE E. LAWSON and Mary Switzer, class of 1906, Toronto General Hospital, sailed for China in September, where they will do missionary work in connection with the Canadian Methodist Mission. They expect to work in hospitals, aiding the medical missionaries.

DR. AND MRS. GEORGE MCPHEDRAN (the latter was Maud L. McNish, class of 1901, Toronto General Hospital) sailed from Montreal on November 21. They expect to remain in England until January 8, when they will sail for India, where they have been appointed to do mission work in connection with the Canadian Presbyterian Mission. Their field will probably be Sirdapore.

Woman's Work reports the appointment of Minnie Bell Maggi, of Philadelphia, to Paotingfu, China, and the marriage of Margaret Strathie, a missionary nurse in Canton, China, to Paul Jerome Todd, M.D.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

THE EXCITING AGENT IN SCARLET FEVER.—The *New York Medical Journal* quoting from a German contemporary, says: Gamaleia alleges to have isolated the exciting agent of scarlet fever in the form of a micro-organism belonging to a new class of colony forming animal parasites and called by him the *Synanthozoon scarlatinæ*. He has found it in the skin, the throat, the spleen, and the kidneys. Some of its forms correspond to the rosette-like formations described by Mallory and the chrysanthemum flowers of Prowazek.

FLANNELETTE.—The *Lancet* says: The difference between ordinary cloth and flannelette is that the latter has a nap which is obtained by “raising” one or both surfaces by passing it over revolving rollers provided with steel dents or teeth which draw from the surface a nap which forms a better non-conducting material for heat than the original cloth and which, therefore, gives a greater feeling of warmth to the person using it than does the “unraised” fabric. The impression is that this raised surface is a source of danger from fire, that it presents a sort of cotton-wool surface which readily catches fire and burns with considerable energy. It is generally believed that it is advisable for children’s clothing to be made of woolen or a mixture of woolen and cotton fabric or of flannelette which has been treated so as to render it non-inflammable. There is nothing to be said against the proper employment of flannelette, for its non-conducting properties coupled with its porous character make it a most useful material for cold weather. It has not the disagreeable cold feel of ordinary smooth garments, a fact which has been appreciated by rich and poor alike. To the latter in particular the invention has been a real boon as supplying a warm and cheap garment for winter wear. All these points in its favor do not alter the fact that it is an easily inflammable substance. Adults may be expected to wear this material without running risks of setting it on fire but with children the case is different. Children do not know of these risks, and we have no doubt that there are instances of their getting burnt even when clad in a nightdress of ordinary non-fluffy material. The risk is, however, dangerously intensified when the material is fluffy, as is the case with flannelette.

LIME IN TREATMENT OF CONVULSIONS.—The *Journal of the American Medical Association*, in an abstract of an article in an Italian medical journal, says: Silvestri presents arguments and the results of experiences in various countries which demonstrate that the tendency to convulsions is apparently the result of a lack of lime in the nervous system. Experimental and clinical research seems to indicate that the convulsions of infancy and pregnancy, as well as epilepsy, are the results of deranged metabolism of lime with a permanent lack of sufficient proportions in the nervous system. On the other hand, eclampsia in certain cases is the direct and exclusive consequence, he is convinced, of a parathyroid affection. Experimental studies confirm and reproduce what is observed in the clinic. His experience with seventeen epileptics treated with lime sustains this view of its etiologic importance. He administered calcium hypophosphite, giving daily 1.5 Gm. (22.5 grains) for adults and one-tenth of this dosage for infants.

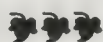
SCARLET FEVER.—The *Journal of the American Medical Association* says: The advantage of hot, or at least warm, water bathing in scarlet fever is well set forth by Dr. H. W. Rover, of Denver, in *Colorado Medicine*. He premises the discussion of the hot water treatment of this disease by the statement that "what the cold bath is to typhoid fever, the hot bath is to scarlet fever." The advantages of hot baths in this disease are that they hasten the completion of the eruption; quiet restlessness and prevent cerebral excitation; dilate the peripheral blood-vessels and increase heat radiation and diaphoresis, which is often absent in this disease; tend to prevent itching; relieve the congestion of the kidneys due to dry skin; make desquamation more rapid; and tend to remove, daily, the dry epidermis that, if not prevented by oily applications, will fly about and supposedly spread the contagion.

With a warm room and a bathroom handy there is no question that hot or warm water bathing in scarlet fever is an advance in the treatment of that disease. If a hot bath is not available, hot water sponging should be done daily. If, during the desquamative stage, much itching or irritation is present, or the skin is dry, rubbing in clean olive oil or some clean, diluted wool fat preparation is advisable.

While the patient may be sponged finally before he leaves the sick-room with some mild antiseptic solution, there should be no daily application of germicide, lest absorption and poisoning take place.

While there is some doubt whether the epidermal scales of scarlatina are the cause of the spread of the disease, until there is proof that such is not a means of propagation the patient should be isolated until scaling is complete, and, as Rover has emphasized, hot baths and inunctions of oil will hasten the completion of the desquamation.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

THE NEXT MEETING OF THE INTERNATIONAL COUNCIL OF NURSES

THE coming meeting of the International Council of Nurses next July, in London, will be the regular business meeting of the Council, and there will be, among other things, several changes in details of the constitution and by-laws for the delegates who are present from the different countries to consider.

First of these is a proposed amendment relating to the honorary presidency. As it stands at present, the constitution of the International is thus worded: *A President of the Council having held the office for a full term, shall be made, upon retiring, honorary president of the Council, with a vote on the executive committee and grand council for life.*

At the meeting of the executive committee last summer in Paris, at which the three countries now in membership, Great Britain, the United States, and Germany were represented by their officers,—it was moved by Mrs. Fenwick, and seconded by Sister Agnes Karll, that the word “shall” in this article should be changed to “may,” the article then reading thus:—*A president—MAY be made, etc.*

The discussion on the motion elicited the opinion that it should be possible for the council to retain in its service women who had given effective stimulus to the international movement, and who were likely to continue their interest and their work in its behalf, but that it should not be mandatory, as that would create a precedent for the future which might sometime be embarrassing and even stand in the way of future development, as it is impossible for one age to foresee the lines on which a future age may develop best.

The motion was adopted and it was directed that the secretary should at the proper time, submit it to the national associations, in membership, that their delegates might come instructed how to vote upon it.

The question of the fees and dues from each country was next brought up, and this involved the article relating to the number of official delegates from the different countries. At present, the constitution provides for four (4) regular delegates from each country, besides the

officers. The fees for each country to pay were fixed at £1 (\$5) for each of the four delegates. This would make a heavy assessment for many of the European countries, especially where organization is young. It was moved by Sister Agnes Karll, and seconded by Miss Dock, that the fee per delegate remain the same, but the number of delegates be changed to two. In the discussion, it was recognized that the fee of twenty dollars, even every five years, might be felt as oppressive by the nurses' societies of Europe, as, in these countries, the nurses are obliged to maintain expensive headquarters and transact a great amount of business for their members which English and American customs do not require; as they have to pay for a great deal of record-keeping which is stipulated for by the departments of government—educational, statistical, and insurance,—and that they have, moreover, a much greater burden in the calls upon their sick and emergency funds. As the associations may sometimes find it necessary to pay at least part of their delegates' expenses, it was felt to be important to make their dues as light as possible. The motion was adopted and the secretary instructed as before.

Both of these motions will be brought up at the London meeting for final decision by the members present.

LAVINIA L. DOCK, R.N., Secretary.

THE BRITISH NURSES' REGISTRATION ACT

THE Registration Act has been successfully piloted through the House of Lords by Lord Ampthill, who has proved himself to be a chivalrous and also a plain-spoken champion of the nurses' cause. He referred to the arguments of the opposition as "worm-eaten"; compared the attitude of certain hospital directors or managers to that of employers when factory acts are proposed, and declared that many nurses of London hospitals, and the London Hospital in particular, did not dare to say that they were in favor of registration, or even that they had an opinion one way or another, because it would be as much as their positions were worth.

It is indeed most refreshing and good that a man of influence has been able to show just what sort of intimidation has been held as a club over the nurses' heads. Women who think that nurses have no right to an opinion on political equality might study this English question of intimidation of workers; I am not sure that we are quite free from it ourselves.

When the bill passes Mrs. Fenwick ought to have an unparalleled ovation. She has worked for this more than twenty years without flinching, although she has drawn down upon herself hatred and persecution

from those who found it good for their own pockets to keep nurses from knowing too much, from managing their own affairs, and from having anything to say as to how they should live or die. Although she has had from the beginning the loyal and most effective support of a remarkable group of women among the matrons, yet some of them have said that their own courage would have failed under the long strain, but that hers only increased under discouragement and delay. We must do something when we get to England to show our appreciation: I have always thought it was so much more interesting to be able to recognize the splendid things that are going on to-day instead of waiting to admire them until they are five hundred years old.

THE MILITARY NURSING QUESTION IN FRANCE

DR. LANDE, of Bordeaux, who has long lent his powerful influence to the support of the modern system of nursing as exemplified in the two Bordeaux schools, in recent articles in *La Garde-Malade Hospitalière* has discussed thoroughly the present situation in the military hospitals, and his last article, in the November issue of the journal, makes clear the difficult tangle that has resulted from the imperfect nursing standards of the societies of the Red Cross in France. In brief—for space does not permit a translation of the article,—it seems that the French societies of women of the Red Cross, who possess influential social position and money, cherish fixed ambitions to act as nurses in military hospitals, but without any intention of submitting themselves to the nurse's arduous training. I have described before this their theoretical classes, their dispensary work for a few hours weekly, their minor surgery and bandaging, and their three or six months' diplomas.

At the time of the Morocco campaign a number of their "diplômées" gave service and no doubt brought comforts to the soldiers, even though not doing actual nursing. Now, encouraged by this prestige, it would seem that their influence had been sufficient to frustrate or at least to postpone the purpose of the minister of war to place a staff of thoroughly trained nurses in the military hospitals, and to secure a sort of tentative admission there for their own members instead.

Our readers may remember that some little time ago we announced that the successful candidates for the new posts offered in military hospitals were nurses from the Bordeaux schools, who had taken honors in the examinations. But they have heard nothing more, and now comes the news that the war department will admit members of the Red Cross to the wards of the military hospitals, not more than two at one time in a ward. Dr. Lande rightly contends that, if the Red Cross mem-

bers did the correct thing, they would take the full nurses' training before attempting hospital work; that their entrance on these terms will probably delay a genuine reform in these hospitals, and that the proper plan would be to place as head nurses in the wards women who had had full training and had passed best in competitive examination, and under them admit for practical work members of the Red Cross holding diplomas who desired to qualify themselves for the Nursing Reserves.

We summarize the different events in this little history for the benefit of those who have not followed the whole story.

During 1907 it was rumored that the minister of war intended placing trained women in the military hospitals. There was general approval.

In December, 1907, an official circular announced a competitive examination for posts as nurses in the Val-de-Grâce, a large military hospital in Paris. Out of five hundred candidates, twenty were allowed to come up for examination, and Dr. Hamilton's and Miss Elston's nurses received the best markings.

They were written to to know whether they would be ready, in case of appointment, to enter Val-de-Grâce in June, and then heard nothing more.

Recently (this fall) an official letter announces that the appointments are held up on account of financial considerations. Meantime (last June) a circular from the minister of war authorized the admission of *candidates infirmières* of the Red Cross (I hardly know how we would translate this title, perhaps "aspirants to nursing") to the military wards under conditions mentioned.

It will be interesting to see how all this comes out. It will be a great pity if the French Red Cross insists on doing hospital work without hospital training. They should, if their motives were unselfish, enter, as Dr. Lande suggests, a training school and take the full course of preparation, as the best of the German Red Cross women do, and as the Japanese all do.

A Correction. In the announcement of the Canadian National Association, in this department in November, the name of Miss Matheson was given as secretary-treasurer; it should have been Florence M. Shaw of Montreal.

THE VISITING NURSE DEPARTMENT



IN CHARGE OF
HARRIET FULMER

THE Department of Health of Chicago has installed forty nurses in the public schools. The Visiting Nurse Association has supervision of the work. The city has been divided into ten school divisions covering more than 200 schools, with a supervising nurse in charge of each division.

THE visiting nurse work in Augusta, Ga., is in charge of Laura Biggar, formerly with the Cleveland Association. The work in Augusta is under the city council.

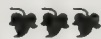
MRS. FLORENCE LEE, of New York City, has received the appointment of district supervisor on the staff of the Chicago Visiting Nurse Association.

ALL visiting nurse organizations desiring the privilege of a national seal will please communicate at once with the Editor of this department, at 79 Dearborn Street, Chicago.

FOR two years past Miss Waters, a resident of the Nurses' Settlement in New York and a graduate of Johns Hopkins training school, has been collecting the materials for an exhaustive bibliography of all the district or visiting nursing work in existence throughout the United States. This winter she is making a final revision of all this material up to the present date with the intention of publishing it shortly in book form. The book will be of the greatest possible value and interest to all who are interested in the work of visiting nursing, whether as nurses or as laity. Beginning with some chapters of fundamental principle and brief historic outline, the book will give all the leading details of form, plan, scope, and features of interest of every visiting nursing society, from the smallest, with one nurse only, to the largest. It is hoped that the publication may be ready in the spring.

THE Health Officer of the District of Columbia has proposed to the Board of Education that it permit the employment of a nurse in the public schools as an addition to the corps of medical inspectors for the purpose of showing the wisdom of such service. The nurse will be paid, not from public funds, at the start, but by private persons who are of a philanthropic mind. There is not the slightest doubt but Dr. Woodward, the health officer, will select a very high type of trained nurse. The Board of Education is agreeable to Dr. Woodward's proposition.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

HOT SPONGING

DEAR EDITOR: I cannot resist an answer to the inquiry of "A Nurse in India" in the November JOURNAL, regarding temperature of water for hot sponge in enteric fever.

Whenever I find a very nervous patient I ask the doctor to allow me to use the hot sponge, a privilege which has never yet been denied me, and always, thus far, with excellent results.

I place the alcohol bottle in the bowl and with water as hot as I can bear my hand in, sponge in the usual manner and then give the warm alcohol rub, as I find the latter also more soothing to the patient.

As my helpful JOURNAL just came to me to-day, and I am with an enteric fever and bronchitis case where hot sponging has been such a blessing, it seems a fitting time to reply. This patient is four years old, in a country village. He had convulsions for four days and nights before I came; nothing would seemingly quiet him, and I found him very nervous, delirious and restless, throwing off the bed-clothing and trying to get out of bed. Temperature, $106\frac{4}{5}^{\circ}$; pulse, 128; respirations, between 70 and 80. He had been sponged in cold water by the doctor and mother with alarming results.

I sponged in hot water for ten minutes, the temperature came down two degrees in half an hour, and has never gone to 105° since, the patient slept and results have been most satisfactory. He will recover, under ordinary circumstances.

F. H. D.

THE SUFFRAGE

DEAR EDITOR: The public school nurse and the visiting nurse must decidedly take issue with "Eastern Delegate" who finds the question of woman suffrage irrelevant at the San Francisco convention.

It is a significant fact that the same age that has produced the highly trained nurse has raised the cry of suffrage for women. The same evolutionary force that has moved womanhood to the intelligent combating of disease and pain has impelled her also to study the remedying of every sort of public ill.

We are learning that the moral welfare of society and its physical health stand in a direct ratio. Unless a community is made up of healthy bodies, it cannot have a strong, free, moral and intellectual life. To the physician and nurse belong the work of promoting this prerequisite health. But the efforts of these are tremendously handicapped by bad laws, incomplete laws, non-enforcement of laws.

Is it of no concern to a body of nurses that laws made by men have not succeeded in suppressing unsanitary tenements, that boards of health are inefficient and indifferent, that tuberculosis stalks unchecked among us, that every city has to blush at its festering slums, that the bodies of little children

are stunted by long hours of toil in factories, that womanhood's vitality is sapped by occupations that make child-bearing difficult or impossible, that economic stress drives young girls to prostitution and utter physical wreckage, that criminals and feeble minded continue to marry and breed a race physically and morally degenerate—has all this no meaning to nurses *as nurses*?

Shall we wave such problems aside and say that the power to influence their solution by the ballot does not concern a convention of nurses?

I submit that there is no organization of women to whose support the woman suffrage movement might look more appropriately than to that of the Nurses' Associated Alumnae.

Above and beyond the relation of the nurse to her own particular patient is the deeper, ever-present relation of the nurse to society. It is probable that the average private nurse is not forced, like the visiting nurse, to feel this fact with overwhelming pressure. But she has her share in the social responsibility. The problem is in the homes of the rich and the poor alike: how to secure the physical health that is necessary for good citizenship. A thoughtful nurse will see in the suffering of the individual patient the suffering of a whole world; and when nurses meet in convention, nothing can be more relevant than the question, will woman suffrage help in any degree to cure the world's sufferings?

Opinions will differ on the answer to this question; but that its introduction at San Francisco was suitable and timely seems to this writer unquestionable.

M. ELMA DAME.

[We wish that nurses generally would read the second volume of the "History of Nursing," for they would then better understand the relation between nursing and the movement for the emancipation of woman.—ED.]

FAILURE IN EXAMINATIONS

DEAR EDITOR: As we have to take the state examination in nine different subjects, is it fair, in case we fail in three or more of them, to have to retake the whole set? Some nurses on retaking an examination fail in subjects they passed in at the first trial. Why not take the second test in those topics only in which we fail? The May JOURNAL informs us that thirty candidates failed in the New York examination in nursing of children and sixty-six in diet cooking, out of one hundred and forty. What causes so many to fail in these subjects? Are we properly instructed along the lines the state board requires?

R. G.

[R. G.'s letter was referred to Jane Elizabeth Hitchcock, secretary of the New York Board of Examiners, and her reply follows:

"The Board of Nurse Examiners follows as closely as possible the precedent of the other professions whose examinations are controlled by the Department of Education. In point of fact, however, it has not yet been able to demand as high a standard as that obtained by the other professions. In examinations in law, medicine, dentistry, etc., an applicant failing in one subject only is permitted to take an examination in that subject and must pass it successfully before the rest of his examination may be considered at all. Failing in more than one subject the entire examination is discounted and the applicant must retake all of the subjects to receive recognition. In the nursing profession, a successful candidate may fail in two subjects, provided the general average is

at least 75 per cent., but failing in more than two subjects the entire examination must be retaken. This is the ruling of the Regents, and is not a matter for the decision of the Board of Examiners. It will be seen that the nurses' examinations are on a lower standard than the other professions. It is earnestly hoped that the nurse examination requirements in this particular may shortly be brought up to a correspondingly higher plane."

The question at the end of the letter is answered in the report of the New York Inspector of Training Schools, published in the December JOURNAL.—ED.]

A NEED FOR NURSING LIBRARIES

DEAR EDITOR: As I am out of active nursing for the winter at least, I shall have time for reading. I do not see many nurses, and a hospital only occasionally, so the JOURNAL is highly prized by me.

I cannot afford to buy all the nursing books I want to read and study, nor can I draw them from the library, for they are not in it. How I wish I had had the JOURNAL to read when I was in training—not so very long ago—and a good library in our home would have added much to our training.

An interesting book on surgery or nursing history or biography of nurses—what a help and what a stimulus they would have been! And we would have rested while reading.

Why cannot hospital boards with the local alumnae associations establish such a library in each hospital, the graduates to have the privilege of using the books? Has it been tried? Then, after reading a book once, we would become intelligent in buying for our own libraries. I do confess I hate to send an order for two or five dollars worth of books I haven't read. I have no good book on surgery because I do not know which one I want, never having read any of them.

If the plan is feasible will you bring it up in the JOURNAL?

Yours very truly,

T. B. H., R.N.

A QUESTION OF LOYALTY

DEAR EDITOR: If a candidate enters a training school for nurses, remains ten or twelve months, and leaves of her own accord, because the nurses' quarters are not what she thinks they should be, and because she thinks the work too hard, is it fair to graduates who have worked and studied two and three years, for doctors to employ her, when they can get a graduate nurse? I would like to hear from several nurses on this question.

J. T.

COST OF ENDOWED ROOMS

DEAR EDITOR: Our alumnae association is endowing a room for its sick nurses. We thought we might be able to get such an endowment for about five thousand dollars, but we were quite discouraged by reading in the JOURNAL that one hospital has charged its nurses twenty thousand dollars for a room. We wish associations having endowed rooms would let us know through the JOURNAL what their cost of endowment has been. Is any concession made to nurses or are they charged the same as outsiders?

AN ALUMNAE OFFICER.

HOW TO RAISE FUNDS FOR AN ALUMNÆ TREASURY

DEAR EDITOR: I wish to say in reply to T. E. M.'s request for a way to raise funds, that they try having a Tag Day. They could easily get children to do it for them. This was very successfully tried by our hospital which is also a small one.

M. P.

REORGANIZATION ENDORSED

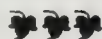
DEAR EDITOR: I beg to express my unqualified approval of the suggestion to reorganize our present national societies into a National Federation of Nurses, which I believe would be really national in scope and spirit.

The question of time and expense is one which has long been a sore trial to the purses and patience of many who will hail the day when one journey will cover all, and the Federation would in turn be greatly benefitted by the increased numbers and increased interest resulting. At present we are scattering our forces.

Cranford Farm, December 10.

ISABEL McISAAC.

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

ANNOUNCEMENT.—Owing to ill health and an enforced absence from a permanent address, Sarah E. Sly, secretary of the Associated Alumnae, announces that she does not wish her name used for renomination for the office of secretary for next year, should the affiliated societies contemplate such a procedure.

THE CONVENTION PROGRAM.—Agnes G. Deans, 247 Farnsworth Street, Detroit, has been appointed chairman of the Program Committee for the Minneapolis meeting to succeed Sara E. Parsons. Grace Baker, of Des Moines, Iowa, has also been appointed a member of this committee. In December, personal letters were sent by the assistant secretary to all affiliated associations asking for suggestions of topics and speakers for the program. It is very important that *all* associations give this immediate attention and coöperate with the committee in the preparation of a good program for early publication in the JOURNAL.

SARAH E. SLY, Secretary.

THE GUILD OF ST. BARNABAS.—The Guild of St. Barnabas for Nurses held its annual council at St. Louis, November 11 and 12, 1908. While many branches were unable to be represented from eastern towns owing to the long distance, those who had the good fortune to be present were well rewarded by the heartiness of the hospitality, and the usual inspiration that is derived from these gatherings. The United Benevolent Offering will be continued towards the support of a nurse in the mission field. The nurse at present is Agnes Bolster, working at "The Mission of Our Saviour," Tanana, Alaska. She sent through the general secretary a list of her needs and desires which will in turn be passed on to each branch, in the hope that each item will be appropriated and supplied in turn. A request for the AMERICAN JOURNAL OF NURSING every month, and the money for a small organ has already been complied with most gladly, and without doubt the rest will follow. The election of officers resulted in the re-election of all: *Chaplain general*, The Right Rev. Cortlandt Whitehead, Bishop of Pittsburgh; *secretary general*, Mrs. Wm. Read Howe, Orange, N. J.; *general treasurer*, Mrs. B. B. Van Harlingen, Philadelphia, Pa.

REPORT OF HOSPITAL ECONOMICS COURSE AT TEACHERS' COLLEGE

CONTRIBUTIONS TO ENDOWMENT FUND

Previously acknowledge, June, 1908.....	\$8,168.30
Anna L. Alline	3.00
Nurses of Colorado	49.10
Maine General Hospital Alumnae.....	50.00
Graduate Nurses' Association of New Hampshire.....	100.00
Graduate Nurses' Association of Indiana	100.00
Presbyterian Hospital Alumnae	25.00
Members of Baltimore City Hospital Alumnae (through Mrs. W. L. Nichols)	19.00

Methodist Episcopal Hospital Alumnæ, Brooklyn.....	\$50.00
Church Home and Infirmary, Baltimore.....	10.00
Garfield Hospital Alumnæ	50.00
Moses Taylor Hospital Alumnæ	10.00
A. L. Alline, dues from Hospital Economics Ass'n	11.00
M. Gorter	5.00
E. J. Daly	5.00
Members of Rochester City Hospital Alumnæ (through S. F. Palmer)	22.50
Orthopædic Hospital Alumnæ	10.00
Members of Johns Hopkins Alumnæ	28.00
Presbyterian Training-School Alumnæ, Philadelphia	100.00
Baltimore City Hospital Alumnæ.....	10.00
Hartford Hospital Alumnæ	84.00
M. W. M., Thornton, Indiana	3.00
M. C. Bean	3.00
Mrs. J. D. Goldman, through M. C. Bean	5.00
M. C. Packard	5.00
Amy P. Miller	10.00
Sophie Lazenby	3.00
K. Mallalieu	3.00
Mary McGann	3.00
Anna Bettys	3.00
Rochester Homœopathic Alumnæ	25.00
Graduate Nurses' Association, Lafayette, Indiana	15.00
I. E. Wheeler	16.00
Individual Members of Orange Hospital Alumnæ (New Jersey).....	102.00
North Carolina State Nurses' Association	25.00
New York State School for Training Nurses, Prospect Heights Hos- pital, Brooklyn	25.00
Philadelphia County Nurses' Association	25.00
Virginia State Nurses' Association (through S. H. Cabaniss).....	37.50
Women's Auxiliary of Paterson General Hospital (New Jersey).....	25.00
	<hr/>
	\$9,243.40

FOR CURRENT EXPENSES

New York Hospital Alumnæ	\$25.00
Lottie Bushnell	100.00
New York State Nurses' Ass'n	150.00

The students have found their work of the last two months exceedingly interesting and Miss Wald's course of lectures entirely delightful. Three of these were given at the college, and the fourth at the settlement, where, after Miss Wald had talked to the students of certain phases of the work, they were in the most generous and instructive way shown the settlement houses and something of the many social activities which they represent.

Other speakers following Miss Wald have been Mrs. Florence Kelley, of the National Consumers' League, who spoke on wage-earning children, and Miss Winifred Gibbs, visiting dietitian of the Association for the Improvement of the Condition of the Poor.

The last lecture on these subjects will be by Miss Elizabeth Farrell, who will speak on the Problem of the Defective Child in the Public School.

During these two months the students have had the most covetable opportunity of listening weekly to Mr. Devine in his course on Social Economy.

Some excursions of special interest were those made to Ellis Island, where the newly arrived immigrant gets his first look into the great crucible in which he is later to be transformed into an American citizen; to the Budget Exhibit arranged by the Bureau of Municipal Research, where special guidance and explanation was given to our students; and to three hospitals, St. Luke's, the Woman's and the Presbyterian, where they were in all instances most cordially received. Miss Maxwell's courtesy, in giving up an entire afternoon to accompanying our students about the hospital, and explaining its system and methods, was greatly appreciated.

The lectures on Architecture have been made especially valuable this year by arranging for some of them to be given at Fordham and Bellevue Hospitals, where, under the guidance of the architect and the superintendent of training schools, Miss Goodrich, a practical demonstration could be made of many interesting and important features of hospital planning and construction.

The International Tuberculosis Exhibition, which has been moved from Washington to New York, was opened recently, and is housed at the Museum of Natural History, near enough to the college to enable the students to visit it frequently and give it the careful study which it requires.—M. ADELAIDE NUTTING.

MASSACHUSETTS

BOSTON.—THE BOSTON NURSES' CLUB held its first social for the season on the evening of November 24. On entering, the guests were seated at tables provided with scissors, paste and old illustrated papers and magazines, and each was given a book entitled "Vacation Days" containing a series of incidents of an imaginary vacation, which she was required to illustrate with appropriate pictures. Much merriment resulted, and many of the books were very clever. Afterwards "Courtship in the Vegetable Kingdom" held the company's attention for a while, and music and refreshments rounded out an enjoyable evening. At the regular quarterly business meeting of the "Club," on December 7, it was voted to use the customary Christmas offering in the same way as last year, *i.e.*, in providing some Christmas cheer for children who otherwise would have little, lists of children and their needs to be furnished by the school nurses. It was also voted that the "Club" show its interest in the anti-tuberculosis movement by purchasing a quantity of Red Cross Stamps, to be used on its official mail.

THE CUSHING HOSPITAL ALUMNÆ ASSOCIATION held its first meeting on December 1, a large number of graduates being present. The election of officers resulted as follows: President, Margaret E. Coyle; treasurer, May E. Trainor; secretary, Mary G. MacDonald. The second meeting was held at Cushing Hospital, December 24.

THE NEW ENGLAND BAPTIST HOSPITAL TRAINING SCHOOL graduating exercises were held on December 15, at the First Baptist Church. Dr. Hugh Cabot made the address to the nurses and Colonel Edward H. Haskell presented the diplomas. The graduates were: Christine England, Carin S. Bergstrand, Bertha M. Zellers, Esther E. Wyatt, and Clara C. Johnstone.

DR. ROWE, after resuming his duties as superintendent at the Boston City Hospital, has been obliged to resign his position permanently by the advice of his physician.

MISS HOGLE AND MISS IRVING have resigned their positions at the Somerville Hospital after nine years of service. The trustees and staff made a loyal and beautiful recognition of what they have accomplished for the hospital.

NEW YORK

NEW YORK CITY.—*International Tuberculosis Exhibition, Meetings and Conferences.*—The New York section, under the auspices of the Committee on the Prevention of Tuberculosis of the Charity Organization Society, is being held at the American Museum of Natural History, Columbus Avenue and Seventy-ninth Street, from November 30 to January 15. The exhibit is open daily from 10 A.M. until 11 P.M. and on Sundays from 1 to 5 P.M. The special nurses' session will be held on Monday, January 4. Annie Damer, R.N., president of the Nurses' Associated Alumnae will preside. The program has been arranged by Elsie T. Patterson of the Vanderbilt Clinic and Geneveive Wilson, St. Luke's Hospital. (We were misinformed last month in stating that the program was under the direction of Miss Goodrich and Miss Nutting.) Sessions will be held at 3 P.M. and at 8.30 P.M. in the Assembly Hall. The following program has been announced.

Afternoon. "Control of Tuberculosis through the School Children," Dr. John J. Cronin, chief of Bureau of Child Hygiene, Department of Health; "A Day Camp for Consumptives," Susanne Robbins; "Compulsory Removal," Jesse A. Allen, Presbyterian Hospital; "Hospital Care of Tuberculous Patients," Agnes G. Ward, Metropolitan Hospital; "Nurses for Tuberculosis Employed by Municipality," Lois Davidson, Department of Health; "Children's Classes," Geneveive Wilson, Bellevue Hospital.

Evening. "Preparation for Social Service," James A. Miller, M.D., president of the Association of Tuberculosis Clinics; "Farm Colonies and Industrial Settlements," Mrs. James E. Newcomb, Stony Wold Sanitarium; "Woman's Responsibility for the Prevention of Tuberculosis," Mrs. Isabel Hampton Robb; "The Department of Health and the Tuberculosis Nurse," John S. Billings, Jr., M.D., New York Department of Health; "Some Suggestions as to the Preparation of Nurses for Special Work," Adelaide Nutting, Teachers' College; "Work of the Dispensary Nurse," Elsie Patterson, Vanderbilt Clinic; "The Visiting Dietitian as an Aid to the Undernourished Family," Winifred T. Gibbs, Association for Improving the Condition of the Poor.

MEETING OF THE NEW YORK COUNTY ASSOCIATION.—The regular meeting has been postponed from January 5, to Tuesday, January 12, at 8 P.M. at Room 39, Academy of Medicine, 17 West Forty-third Street. Mr. Persons, superintendent of the Charity Organization Society, will speak on "Special Employment Bureau for the Handicapped"; Miss Wadley, of Bellevue, on "Nursing the Poor in Their Homes"; Miss Patterson of Vanderbilt Clinic on a subject to be announced.

THE FLOWER HOSPITAL NURSES' ALUMNÆ ASSOCIATION will give its annual dance, on January 15 at Bretton Hall, for the purpose of raising money to endow a bed in the hospital. Tickets, one dollar.

THE NEW YORK CITY TRAINING SCHOOL, BLACKWELL'S ISLAND, graduating

exercises were held at the nurses' home on October 17. The following program was presented; Annual Report read by Miss Jane M. Pindell, superintendent of the training school. Addresses to the graduating class by Rev. Henry M. Barbour, Rector, Church of the Beloved Disciple and by Rev. D. J. McMahon, supervisor of Catholic Charities. Administration of Hippocratic oath and presentation of diplomas by Mrs. M. Cadwalader Jones, chairman, Advisory Board. Prizes were awarded by Mrs. Jones to the nurse receiving the highest general average in each class, and these prizes were presented by the commissioner, Hon. Robert W. Hebbard, to the following nurses: Miss Poole, senior class; Miss Banks, intermediate class; Miss Mills, junior class. Honorable mention was awarded as follows: Misses Banks, Kline and Moore, senior class; Misses Kline, Apgar and M. Kennedy, intermediate class; Miss Gallagher, junior class. A special address by request of the graduates was made by Dr. Edward S. Peck, chairman of the Board of Examiners and life member of the *alumnæ* association of the school. A reception was held in Brennan Hall and dancing was enjoyed in the evening. The following nurses received their diplomas: Marion Fitzpatrick, Adelaide R. Poole, Fanny Knecht, Anna P. Poulin, Ethel Bowness, Martha Donnelly, Minnie McGaffigan, Selma S. Segerlund, Amy P. MacDonald, Rachel Jones, Emily G. Phillips, Edna C. Ewing, Eveleen E. Martin, Clara I. Wilt, Ida Moore, Florence A. Notter, Helen L. Tipping, Charity A. Pierce, Anna M. Kelley, Helena E. Keegan, Susan V. Black, Cicely M. Campbell, Georgina M. Geary, Rose M. McGonagle, Anne H. Reid, Mary E. S. McManus, Edna V. Davidson, Agnes M. Davis, Stella M. Banks, Lillian Kline, Winifred H. Robinson, Edith M. Apgar, Susan M. Nugent, Susan F. Van Norman, Mary C. Murphy, Frances R. MacKinlay, Jessie H. Brown, Josephine Johnson.

THE S. R. SMITH INFIRMARY, Staten Island, has reorganized the administration of the hospital into two clearly defined departments.

Miss R. E. Bidmead has been engaged as principal of the Nurses Training School and supervisor of nurses and will have full charge of the instruction and work of the nurses in the school and in the hospital with the coöperation of the superintendent.

The position of executive secretary has been abolished.

Miss Cadmus, as superintendent, will continue to have charge of the general administration of the hospital and being relieved of the responsibility of the training school and supervision of nurses, she will now have charge of the accounts and records of the hospital, with the assistance of a hospital clerk.

THE BROOKLYN HOSPITAL TRAINING SCHOOL ALUMNÆ held a meeting at the training school on December 1. The principal business of the day was a discussion on how to raise money for the club-house debt. The club-house is now filled with resident members, with an increasing registry membership, and is at present self-supporting. The society is therefore anxious to wipe out the debt incurred in starting and furnishing the club-house. The suggestion of renting a theatre for a night was most popular and it was left to the Executive and Club-house Committees to arrange details for such an entertainment. In response to the question: "How many members present would be ready and willing to answer a call from the Red Cross Society, if disaster should occur in the near future?" with two exceptions the members rose to their feet, signifying their readiness to act in all great emergencies.

ANNA DAVIDS, R.N., a graduate of the Long Island College Hospital Training School, and for some years a resident of Staten Island or Brooklyn, has accepted the position of superintendent of nurses of the Charleston General Hospital, Charleston-on-the-Kanawha, West Virginia.

ANNA C. MAXWELL, R.N., superintendent of nurses of the Presbyterian Hospital, who recently tendered her resignation, has withdrawn it at the request of the board of managers.

SYRACUSE.—THE NURSES' ALUMNÆ ASSOCIATION OF THE HOSPITAL OF THE GOOD SHEPHERD held an adjourned meeting on December 3 at the Waverly Avenue Nurses' home. Arrangements were completed for a birthday party to be held at the County Hospital, on the invitation of Miss Arvilla E. Everingham, superintendent of the hospital. After other routine business, a paper on "Red Cross Work," written by Miss Pindell for the New York State convention, was read. It is hoped that the nurses of this section may become better acquainted and more interested in the splendid work of this organization. On December 7, two carry-alls of nurses and friends enjoyed Miss Everingham's hospitality at the birthday party and passed a very merry evening.

ROCHESTER.—THE ROCHESTER HOMŒOPATHIC HOSPITAL is to have a new nurses' home through the generosity of Mr. Eastman. The fund of \$60,000 for its erection was given by Mr. Eastman in memory of his mother.

ITHACA.—THE CITY HOSPITAL NURSES gave a very attractive bazaar at which \$536 was made. The annual report of the hospital shows that through the active interest of its supporters the receipts exceeded the expenditures, although of 554 patients cared for, only 107 paid a sum sufficient to cover the actual average of cost. The work of the hospital has greatly increased and more room is needed for patients, nurses, and employees.

UTICA.—BERTHA IRONS, class of 1905, Faxton Hospital, has been appointed superintendent of the Little Falls Hospital, Little Falls. Ida Thomas, class of 1906, has been appointed superintendent of Ossining Hospital, Ossining.

NEW JERSEY.

STATE MEETING.—The New Jersey State Nurses' Association held its Semi-Annual Meeting in Plainfield, at the Y. M. C. A. building, on December 1. The meeting was called to order by Miss Dennis, first vice-president, in the unavoidable absence of Ellen Connington, president, and the secretary's place was also filled by Miss M. Squire. After the reading of the minutes and roll call, further business was suspended, and a brief address was listened to from the Rev. Dr. MacCrae who took as his subject the Mention of *Nurses* in the Bible; declaring Deborah to have been the first recorded nurse. Dr. Corbuser followed with a very interesting account of "Work in the Philippines" and when the afternoon had sufficiently darkened, stereopticon views illustrating scenes in China and conditions during the Boxer out-break were exhibited, which were of very great interest. Before these were shown, and while the light was still too strong, Miss Dock took the platform, and made her plea on the "Condition of Almshouses." Some investigations had been made in New Jersey, where it was possible, and while none were perhaps worse than in other States, it was not shown that any places were better. The nurses were urged to make a concerted effort that in, at least, one almshouse in one district, a trained nurse might be appointed. The address was

concluded by a reference to woman's suffrage, and the part that nurses could take in the movement. At a late hour business was resumed, although by that time the numbers were much diminished. The amended constitution and by-laws are still under consideration, and will not be acted on hurriedly. A plan for the division of the State into six districts is also before the Association. The Annual Meeting will be held the first Tuesday in May, the place and hour to be announced later.—HELEN STEPHEN, *Secretary*.

ORANGE.—AT THE NURSES' SETTLEMENT a course of lectures is being given in connection with the training class that is not receiving instruction in district nursing; it is open to all graduates, many of whom took advantage of the invitation to be present at the first one given by Dr. Henry A. Pulsford on "*Nursing in Contagious Diseases*." This did not deal, as might have been supposed, with the technical care of the patients; but of the pros and cons of nursing, or accepting cases of contagion, first from the nurses' point of view—why do many refuse such cases—why should they take up the profession, if they exempt so many diseases? Tuberculosis was of course included, though it was pointed out how negative the danger became, as soon as the well-trained nurse entered upon her duties, and that with a little reasonable care of her personal health, the sick-room became the safest spot in the house, owing to the sanitary precaution taken, and the current of fresh air both patient and nurse should enjoy; but it was well for the nurse to be of a bright and hopeful disposition, to cope with the depression and monotony of the disease, as well as to second the hopeful side so apt to exist in all such cases. There need be no "inherited predisposition" but owing to the oftentimes severity of cases and hard work of nursing, many nurses were apt to be run down, and "below par" so that if there had been a congenital tendency to tuberculosis, or general weakness, there might then be a condition receptive to any germ. As to personal fear in the main, he could not believe that that existed to any extent, or could be reckoned as among the causes for refusal, though there were times when throat conditions were urged as excuses, but very simple treatment of such "pockets" or other causes of susceptibility would remove even that impediment. The following dates and subjects form the schedule of the course:

December 16. "School Nursing," followed by field work, Julia Bronis, inspecting school nurse.

January 5, 1909. "Efficiency," R. D. Freeman, M.D.

Presentation of certificates to nurses in training class; Miss Mildred Wilson, Orange Training School, 1908, Mrs. Caroline Bittnes, Cape May Hospital, 1907.

January 13. "Principles of Nursing Tuberculosis," Elise Atwood, tuberculosis visiting nurse.

February 3. "Care of Infants," Palmer Potter, M.D.

February 23. "Settlement Ideals," Lilian Wald, Henry Street Settlement, New York, N. Y.

March 8. "Obstetrics," J. V. Adams, M.D.

March 12. "School Nursing," Julia Bronis.

April 7. "Principles of Relief," Jas. William, Secretary Bureau Associated Charities.

April 21. "Nursing Tuberculosis," E. Atwood.

May 6. "Red Cross," M. H. Pierson.

PENNSYLVANIA

PHILADELPHIA.—THE TRAINING SCHOOL OF THE UNIVERSITY OF PENNSYLVANIA HOSPITAL held graduating exercises in Houston Hall on November 24. The address was by Dr. S. Weir Mitchell, who said that a course in a training school was better for a woman than a college course. He advised the nurses to try to save their money, as from ten to fifteen years is the limit of their competent working years. Dr. Mitchell said each nurse should become a member of the State Society for Graduate Nurses. The diplomas were presented by Mr. John Sailer, president of the board of managers. At the close of the exercises an informal reception was held and refreshments served. The graduates, some of whom already have responsible positions in hospitals, are, Freda W. Warden, Anna E. Leary, Anna L. Phillips, Bessie C. McLaughlin, Ida W. Anderson, Garbarella M. Wettlaufer, Lulu V. Bevan, Idah K. Beery, Sadie Barrow, Sara Rhodes, Mary M. Spears, Nora R. J. Mattis, Effie Berry, Huldah A. Peffal, Harriet A. Stem, Kathleen Gooding, Anna L. Kohl, Margaret Craig, Cecelia A. Mooney, Anna R. Crouch, Carrie G. Tyson, Alverta McKervin, Loretta Quinn, Mary A. Madden, Maud E. Moss.

THE HAHNEMANN HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises in Holy Trinity Parish House on November 4. The address to the class was by Dr. H. L. Northrop, Dean of Hahnemann College. The diplomas were awarded by Charles D. Barney, president of board of trustees. Class pins were presented by Eva J. Hood, superintendent of training school.

The graduates were Fanny E. Eckert, Jess M. McKee, Kathryn Detwiler, Lillian E. Hardick, Maud C. Powley, Mabel A. Klinger, Sara R. Kulp, Louise O. Hamel, Ella L. Knight, Gretha Reiter, Mabel G. Young, Kathryn M. Burke, Margaret Hershey, Katharine R. Flynn, Emma M. Kircher. The Hahnemann Hospital Nurses' Alumnæ Association gave its annual reception to the graduating class on November 6, at the Belmont Cricket Club, from 8 to 9 p.m., followed by dancing and cards.

THE PHILADELPHIA ORTHOPEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES held graduating exercises of the training school for nurses in Epiphany Chapel Parish House on November 27. Addresses were made by Dr. Morris J. Lewis and Rev. Philip J. Steinmetz, Jr. A reception followed at the hospital.

GERMANTOWN.—THE ALUMNÆ ASSOCIATION OF THE GERMANTOWN HOSPITAL held its sixth annual meeting at the hospital on Nov. 17. The following officers were elected for the ensuing year: president, Helen L. Cotter; vice-president, Edna Calely; secretary, Margaret E. Jones; treasurer, Rose Phillips. The meeting was followed by an informal tea at which the members were presented to Margaret Gordon the new superintendent of nurses. A subscription dance was given December 14 at Belfield Club by the Alumnæ Association of Germantown Hospital, for the purpose of increasing the fund to endow a room in the Private Hospital for sick nurses.

ANNA L. SCHULZE AND JANE ENGLISH, graduates of the training school of the Hospital of the University of Pennsylvania, have accepted the positions of superintendent and directress of nurses in the Saratoga Hospital, Saratoga Springs, N. Y. Caroline Hiltell, a graduate of the same school, is superintendent of the Robert Packer Hospital, Sayre, Pa. Anna E. Brobson, graduate of the same school, has gone to Spangler, Pa., to take charge of a new hospital, opened on January 1, The Miners Hospital of Northern Cambria.

PITTSBURG.—THE NURSES' ALUMNÆ ASSOCIATION OF THE WESTERN PENNSYLVANIA HOSPITAL held a bazaar at the Rittenhouse on November 30 and December 1 at which they realized \$1500. This fund will be used as the contribution of the alumnae toward the new hospital buildings which are in course of erection on Friendship Park.

THE ALLEGHENY GENERAL HOSPITAL NURSES ALUMNÆ ASSOCIATION held its annual meeting at the hospital on December 7. Officers for the coming year were elected as follows: president, Rose Corbett; vice-president, Marie Hanlin; treasurer, Catherine J. Clover; recording secretary, Lenna Mathews; corresponding secretary, Isabel Chaytor.

PUNXSUTAWNEY.—THE ADRIAN HOSPITAL NURSES' ALUMNÆ ASSOCIATION held its semi-annual gathering at the hospital on December 3, Mrs. C. R. Stevenson, the president, presiding. Three new members were enrolled. Several important items of business were discussed but action on them was held over, as there was a small attendance. It was decided that at the annual meeting, the first Wednesday in June, a banquet would be given at the home of Mrs. Stevenson in Adrian.

ADA JONES, class 1907, Allegheny General Hospital, has been confined to the hospital for a number of weeks with an attack of appendicitis. Nellie Wright, class 1902, is in Atlantic City recuperating after a long illness. Jennie Brown, class 1908, has just recovered from an operation for appendicitis.

ELIZABETH SHEA, graduate of the Erie County Hospital of Buffalo, is doing graduate work in the operating rooms of the Western Pennsylvania Hospital, where Victoria E. Armstrong, also a graduate of Erie County, holds the position of assistant directress of nurses. Marie Eldred Logan, class of 1908, Western Pennsylvania Hospital, has received an appointment in the Army Nurse Corps, and left Pittsburg, December 12, to report at the Presidio, San Francisco.

DISTRICT OF COLUMBIA.

WASHINGTON, D. C.—THE ALUMNÆ ASSOCIATION OF THE GARFIELD MEMORIAL HOSPITAL, at the November meeting, held a reunion of all graduates of the school, about fifty being present. Some of these are not members of the alumnae association but will join later.

THE ALUMNÆ OF THE TRAINING SCHOOL OF PROVIDENCE HOSPITAL celebrated their first reunion with what proved to be a most delightful entertainment at the hospital on November 30. Members from distant States were present, resident nurses, pupils, the resident and visiting medical staffs, invited guests, over two hundred in all. The guests were welcomed by Miss Sullivan of Massachusetts. The first portion of the entertainment was a vaudeville, with music and readings. After this a buffet luncheon was served, followed by dancing. It has been decided to make this an annual function.

THE COLUMBIAN WOMEN of the George Washington University have extended a most cordial invitation to the nurses to co-operate with them in making a success the movement they have already started to make the Woman's Building, 1536 I Street, a meeting place for women of thought and action. In order to centre this interest they have decided to serve tea every afternoon (except Sunday) from 3.30 to 5.30, at a nominal charge. It is hoped that every nurse in Washington will be interested in this movement.

THE CENTRAL REGISTRY FOR NURSES is making most gratifying progress. It begins its third year with a very substantial surplus in the treasury. Miss

Winner, Registrar, reports increasing interest from physicians and the public generally. Miss M. S. Hammond, R.N., graduate of the New Haven Training School has been appointed assistant Registrar for the ensuing year. The untiring efforts of Miss Winner in the work is worthy of note.

THE GRADUATE NURSES' ASSOCIATION, through the courtesy of Henry A. Willard, Esquire, has had the reception rooms at the Occidental Hotel placed at its disposal for an indefinite period as a meeting place. At a meeting held there December 1, one of the most pleasing features of the occasion was an informal reception held by Mr. Willard, who is one of the oldest residents in the District and has long been noted for his interest in hospitals and training schools. Dr. Randolph gave a short talk on the important part the nurse can play in the prevention of tuberculosis, the influence she can wield as she pursues her daily avocation in her endeavor to teach people in all walks of life the proper way of living; he strongly emphasized the beneficent effect of a word of courage and sympathy to the patient suffering from this dread disease. He urged all nurses to become members of the Association for the Prevention of Tuberculosis.

ANNA J. GREENLEES, R.N., has been appointed a member of the Committee on Membership, in connection with the Society for the Prevention of Tuberculosis in the District of Columbia.

The ladies in charge of the Christmas Red Cross Stamp Work report an enormous sale in the District of Columbia. President-elect Taft has been again elected President of the National Red Cross Society.

EXAMINATION QUESTIONS OF THE DISTRICT OF COLUMBIA BOARD

Surgical

1. How would you prepare your hands to do a surgical dressing?
2. How do you prepare instruments for use? Are all instruments treated in the same way? How do you clean them after use?
3. Give preparation of patient for 24 hours before any capital operation?
4. What are the symptoms of shock? How do they differ from those of hemorrhage? How would you treat shock until the arrival of the physician?
5. What causes pus in a wound?

Contagions

1. How would you select and prepare a room for a contagious case, such as scarlet fever or diphtheria?
2. How would you disinfect room and contents after such a case?
3. How is scarlet fever communicated? Diphtheria? Measles?
4. What are the special dangers in scarlet fever? What symptoms are you to watch for?
5. In laryngeal diphtheria what is the danger and what symptoms are you to watch for?

Materia Medica

1. What are anæsthetics; in what two ways are they most generally used; give an example of each?
2. What is meant by idiosyncrasy and demonstrate with an example?
3. What are disinfectants, antiseptics, deodorizers, hypnotics and tonics; give an example of each?
4. What are emetics; in what two ways do they act; give an example of each?
5. Give the doses of the following: Tr. opii camph.; tr. digitalis, tr. opium, tr. nux vomica, and tr. aconite.

Dietetics

1. Name four easily digested albuminoids, not including eggs and chicken?
2. Of what use are vegetables in the system?
3. Why are fruits beneficial; name the easily digested ones?
4. Name the different classes of food.
5. How would you cook rolled oats or wheat?

Medical Nursing and Emergencies

1. a. What is Normal Saline Solution?
b. At what temperature should it be given by rectum?
2. If Saline Solution is given for shock by rectum, how should it be given?
3. a. Give the causes of bedsores and precautions taken to prevent them?
b. After bedsores occur what treatment should be given by nurse?
4. When extremities are cold and temperature high which bath is preferable, warm or cold? Why so?
5. Outline the nursing care of patient suffering from pulmonary tuberculosis.
6. Give two causes of abscesses from hypodermic injections and treatment to guard against them.
7. What immediate precautions against infection would you take in case of animal and insect bites?
8. State the simplest way to produce vomiting so essential in case of poisoning.
9. a. In what stage of typhoid are hemorrhages apt to occur?
b. What are the symptoms of perforation and treatment while awaiting the arrival of doctor?
10. Outline a nurse's duty in case of a fatal termination.

Obstetrics and Gynæcology

1. If patient in puerperium, having been in normal condition for the first three or four days after confinement, should suddenly complain of headache and a feeling of chilliness with temperature rising to 103° or higher, what might this indicate? What would be a nurse's first duty under these circumstances?
2. What is the usual length of time required for the generative organs to regain their normal size and condition following confinement?
3. In drying up the milk what care should the breasts receive and what diet would you give the patient?
4. What disease of the breasts is most apt to follow labor, and what measures would you adopt to prevent it?
5. How should a patient be prepared for instrumental delivery?
6. What do you understand by placenta prævia?
7. How is the fœtus nourished?
8. Under normal conditions how soon should a cord be ligated? Give your reasons?
9. Give diet and after-care in abdominal operation.
10. What can you do for nausea and vomiting following an operation?

Anatomy, Physiology and Hygiene

1. Classify the bones of the body according to their shape. Give an example of each and locate same?
2. a. Name the varieties of muscular tissue, and give examples.
b. Name two serous membranes and locate each?

3. a. What is the dorsal cavity and what does it contain?
b. Name divisions of the brain?
4. What vessels convey the blood from the lungs to the heart? In what particulars do they differ from other vessels carrying blood to the heart?
5. Name the digestive juices and the action of each?
6. State briefly how the products of digestion are conveyed to the blood?
7. Define absorption—assimilation—cohesion—excretion—secretion?
8. Of what is pure air composed? What are the characteristics of expired air?
9. Mention some of the sources of impure air in the sick room and how they may be lessened or avoided?
10. At what temperature would you ordinarily keep a sick room? Of what advantage is a fire-place.

MARYLAND

BALTIMORE.—THE UNIVERSITY OF MARYLAND NURSES' ALUMNÆ ASSOCIATION held its regular quarterly meeting at the Nurses' Home, 21 North Carey Street, on December 7. The principal subject for discussion was an endowment fund for nurses. The following officers were elected: president, Mary E. Bradbury; first vice-president, Elizabeth Read; second vice-president, Alice F. Bell; secretary, Mary E. Grimes; treasurer, Mrs. Nathan Winslow; members of executive board, E. Roby, Fannie B. Daniel. After the meeting the members were served with a luncheon provided by the matron, Mrs. Aiken.

THE BARNARD ALUMNÆ ASSOCIATION held its fall meeting on November 14, at the Biedler and Sellman Hospital. There was a good attendance. Following the reading of the minutes, several amendments were made. A letter from Drs. Biedler and Sellman was read by the secretary, in which they, as successors of the Barnard Hospital Training School for Nurses, extended a most cordial invitation to the Barnard Alumnæ Association to affiliate with the Biedler and Sellman Hospital Training School for Nurses Alumnæ Association. A rising vote of thanks was tendered the physicians. It was moved the letter be put on file, and the secretary write a note of thanks to them for their cordial invitation. It was unanimously voted to extend an invitation to them to become honorary members of the Alumnæ Association. An invitation was also extended to Dr. Geo. W. De Hoff (resident physician of the hospital) who has always been interested in the success of the nurses. It was unanimously agreed upon that the Alumnæ give Dr. Barnard a gift as a token of their high respect and regard for him, and the appreciation of the care with which he guided his nurses during their training. A committee was appointed to make the selection of a gift. It was decided to have a sale of the articles the nurses have been collecting for some months, on December 2, at the Biedler and Sellman Hospital, the proceeds to go toward furnishing an Alumnæ Room. The five story addition to the hospital that has been under erection the past year, is now completed, allowing, in all, a hundred beds. The building has been erected with much care; beautifully equipped with the most modern conveniences. The operating room is finished in heavy marble, reaching nearly to the ceiling. The hospital is one of the most desirably situated in the city, as it is on the main boulevard. The president appointed committees to take charge of the sale. A rising vote of thanks was tendered Miss P. A. Burting, superintendent of the training school, for her untiring efforts and great assistance rendered the Alumnæ during the past year. After adjournment a collation was served by the physicians of the hospital.

WEST VIRGINIA

HUNTINGTON.—THE CABELL COUNTY BRANCH of the West Virginia State Association met at the C. and O. Hospital on December 7. The subject of district nursing and free dispensary, with ways and means for their support was discussed. The graduate nurses of Huntington hope to perfect an arrangement in the near future, by which a graduate nurse may be employed all the time to do district work for the Huntington poor. Officers for the Cabell County branch will be elected on the first Monday in January, for 1909.

NAOMI A. SIMMONS has become superintendent of nurses at the Kessler Hospital and Sanitarium.

OHIO

DAYTON.—THE GRADUATE NURSES' ASSOCIATION OF DAYTON AND VICINITY held its regular meeting at the Memorial Home of the Miami Valley Hospital, November 18. Katherine Roush, who has recently returned from Panama, read an interesting paper on the work and conditions there.

CINCINNATI.—THE JEWISH HOSPITAL ALUMNÆ ASSOCIATION held its regular meeting on December 4 at the nurses' home, the vice-president, Miss Roberts, presiding. A beautiful letter from the president, Mrs. Ilsen, was read and appreciated by all. The members also enjoyed a paper by Miss E. M. Pierce on "The Need of the Alumnæ Association." An interesting feature of the meeting was the tea given in honor of this year's graduates, who were welcomed into the association and presented with the alumnæ badge and the program for the ensuing year.

CLEVELAND.—THE GRADUATE NURSES' ASSOCIATION at the monthly meeting held in the "Benjamin Parlor" of the Young Women's Christian Association, December 8, unanimously carried a vote heartily approving the plan of reorganization of the Associated Alumnæ and the Superintendents' Society as outlined in the December number of the AMERICAN JOURNAL OF NURSING.

ILLINOIS

CHICAGO.—MARY J. FINLAYSON, Post-graduate Hospital, has taken charge of the Copper Queen Hospital, Bisbee, Arizona.

THE ILLINOIS TRAINING SCHOOL will tender a New Year's reception to all graduates at the home on January 6, from 3 to 5 P.M. All graduates are cordially invited to attend. Ida Napper, class of 1908, is a head nurse; Roberta Muhs, class of 1907, is head nurse of the receiving ward; and Mina Theile, class of 1905, head nurse of the obstetrical department of Cook County Hospital. Mary Watson, class of 1902, is assisting Miss Johnson in the Contagious Hospital. Jane Stoker, 1895, who has been in the west for several years, has returned to Chicago and has taken up private duty.

COLORADO

DENVER.—MARY B. EYRE, Secretary of the Colorado State Board of Nurse Examiners, was recently appointed anæsthetist of St. Luke's Hospital, Denver, Colo. The entire surgical staff approved the appointment, and the position is to be a permanent one. Annie Florence and Miss Collier have for some time been acting as anæsthetists for two or three of Denver's best surgeons. Three hospitals besides St. Luke's have agreed to admit nurses as anæsthetists.

MINNIE GOODNOW has resigned from the position of supervising nurse of the Park Avenue Hospital to take the superintendency of the Bronson Hospital, Kalamazoo, Michigan. Maud Cline of Longmont Hospital, Longmont, is to succeed Miss Goodnow. Miss Morris, chief nurse of St. Luke's Hospital, has resigned her position to become superintendent of a hospital at Fort Worth, Texas. She is succeeded by Miss Slack.

COLORADO SPRINGS.—THE NURSES' REGISTRY ASSOCIATION has moved from the Deaconess' Hospital to the D. Y. Butcher drug-store, where calls are answered night and day. It has been received into membership by the Associated Alumnae and hopes to send a delegate to the next convention. At a recent meeting a committee was appointed to investigate the establishment of a registry started by an experienced nurse, at a local drug-store, who represents her nurses as being members of the Red Cross Society. An effort was made to start work on getting a representative on the State Board of Nurse Examiners to fill the vacancy occurring in April, but was deferred until January meeting. The association has been having very instructive lessons in parliamentary law by Professor Dubach.

TEXAS

ANNOUNCEMENT.—The annual meeting of the Graduate Nurses' Association of Texas, which had been set for the first Wednesday in February, 1909, at Austin, has been postponed to a later date. The exact time and place will be announced thirty days before the meeting in our official organ, THE AMERICAN JOURNAL OF NURSING. By order of the president, MILDRED M. MCKNIGHT, secretary-treasurer.

GALVESTON.—LINA HILL, John Sealy Hospital, is in charge of the sanitarium at the Agricultural and Mechanical College, Bryan. Edna Titsworth, class of 1908, John Sealy Hospital, is in charge of the infirmary at Austin. Nannie Tipton, class of 1908, John Sealy Hospital, has charge of the sanitarium at Nacogdoches.

CANADA

TORONTO.—AN ERROR occurred in the report concerning the officers appointed by the Canadian National Association, viz., the secretary-treasurer is Flora Madeline Shaw, Montreal General Hospital, instead of Miss Matheson, as previously reported. Miss Shaw is a niece of Miss Joan Matheson a graduate of Bellevue Hospital, which may account for the error.

THE "FAIR OF ALL NATIONS" held by THE NURSES' CLUB of Toronto, was opened by Sir Mortimer and Lady Clark. This Fair was composed of graduates from all hospitals connected with the central registry in this city, and was held in Massey Hall November 12 to 14. It was a very great success indeed, and when all expenses are paid will probably leave them with about three thousand dollars in the bank. The purpose of this fête was to raise funds towards the purchase of a nurses' club house. On the last evening the "march past" consisted not only of the occupants of the various booths, dressed in the costume of the countries they represented, but also of about four hundred nurses dressed in the uniform of the various training schools in the city. Among these were one hundred nurses from the training school of the Toronto General Hospital. The only unfortunate feature of this great Fair was the fact that the crowds were so immense as to prevent access to the various booths containing wares from all nations, consequently the promoters have still a large quantity of material to

be disposed of. Since the closing of the Fair a number of checks have been received, notably one from Mrs. Timothy Eaton for five hundred dollars.

MISS SNIVELY and nurses gave a dance in the nurses' residence on December 11.

WELLAND, ONTARIO.—A new hospital of thirty beds will be opened in the near future. The appointment for superintendent has not yet been made.

BIRTHS

AT Washington, D. C., a son to Mrs. Henry Ash. Mrs. Ash was Ella F. Jacobs, class of 1896, Garfield Memorial Hospital.

AT Syracuse, N. Y., a son to Mrs. George Jenkins. Mrs. Jenkins was Edith Jolley, class of 1904, Hospital of the Good Shepherd.

AT Mexico, N. Y., a son to Mrs. Allen K. Hart. Mrs. Hart was Georgiana Watson, class of 1905, Hospital of the Good Shepherd.

IN August, 1908, at Chadwick, N. Y., a son to Mrs. Edwin Griffith. Mrs. Griffith is a graduate of Faxton Hospital, Utica, N. Y., class of 1906.

ON October 21, at Washington, D. C., a daughter to Mrs. William I. Deming. Mrs. Deming was Alice M. Fitzhugh, class of 1904, Garfield Memorial Hospital.

MARRIAGES

ON November 10, at Davisville, Ontario, Berta Brydon, class of 1907, Toronto General Hospital, to Harold F. Richie.

ON December 10, at Ashland, Kentucky, Louise D. Milton, class of 1900, University of Maryland Hospital, to Mr. Anxier.

IN September, 1908, at Chillicothe, Texas, Mrs. Mary S. Brituelle, class of 1907, John Sealy Hospital, Galveston, to Jess Dale.

IN November, 1908, Antonia Böettcher, class of 1900, Faxton Hospital, Utica, N. Y., to Louis A. Glouckner, of Dallas, Texas.

ON November 18, Helena Merriam, graduate of the Memorial Hospital, Niagara Falls, N. Y., to Homer Genung, M.D., of Freeville, N. Y.

ON December 2, Bertha P. Rodgers, class of 1907, Western Pennsylvania Hospital, to William Jones. Mr. and Mrs. Jones will live in Sharon, Pa.

ON November 18, at Carmichael, Pa., Bessie J. Stephenson, class of 1906, Allegheny General Hospital, to Rev. Frank M. Patterson, of Greensboro, Pa.

ON September 7, at North Brookfield, Mass., Annie E. Doyle, class of 1906, Boston City Hospital, to William A. Gilson. Mr. and Mrs. Gilson will live at Nahant, Mass.

ON November 26 Maud Fowler, class of 1903, Homœopathic Hospital, Washington, D. C., to Ralph Jones. Mr. and Mrs. Jones will live at The Ashburne, Washington.

ON December 5, Blanche Wilcox, class of 1904, Homœopathic Hospital, Washington, D. C., to Robert Sonnen. Mr. and Mrs. Sonnen will live at 749 Newton Place, Washington.

ON November 4, at Atkinson, Kansas, Mrs. Ellen Keene, class of 1897, Indianapolis City Hospital, to Frank Wilkinson of New Castle, Indiana. Mr. and Mrs. Wilkinson sailed on November 6 for Huelva, Spain, where Mr. Wilkinson will be employed for two years.

DEATHS

AT her home in Cross Creek, Pa., Mrs. W. Craig Lee, formerly Mary Taylor, class of 1898, Allegheny General Hospital.

IN August, 1908, at the Austin Sanitarium, Austin, Texas, Urala Weyland, class of 1908, John Sealy Hospital, Galveston.

ON December 4, at Prairie Du Lac, Wisconsin, of pneumonia, Mrs. Moore, who was Miss B. S. Blachly, class of 1894, Illinois Training School.

SUDDENLY, Janet Hale, class of 1892, University of Maryland Hospital. She was buried at Raleigh, North Carolina. Miss Hale had a noble character, was devoted to her profession, gifted with personal magnetism, and was esteemed by all who knew her. Her associates feel that they have lost a valued and honored member of the association.

ON November 27, at the Mary Hitchcock Hospital, Hanover, New Hampshire, of tubercular peritonitis, Persis Plummer. Miss Plummer was a graduate of the Massachusetts General Hospital, where she was head nurse for a time, afterward doing private nursing. She had been a great sufferer for years, but was always cheerful and of good courage.

ON December 3, at Dansville, N. Y., Mary Ellen Welch, assistant superintendent of Jackson Sanatorium Training School for Nurses, died as a result of shock following an operation. She was a devout Christian and devoted to her profession and had proved herself of exceptional ability and charming personality. Her memory will be an enduring inspiration in the minds of those with whom she had been associated. The funeral and interment were at Olean, New York.

ON October 14, at her home in London, Ontario, Rebecca J. Evans, graduate of St. Luke's Hospital Training School, New York. Miss Evans was graduated from the hospital in 1895, and within a few months entered the office of Dr. William T. Bull, as secretary and office nurse, where she remained until a few weeks before her death. She was a woman of marked loyalty and honor and of unusual ability and earnestness of purpose. A large circle of friends deeply mourn her loss.

PRACTICAL SUGGESTIONS



HOW TO PREPARE FOR EMERGENCY RELIEF WORK

BY BESSIE E. SEVERANCE

DURING the State Sunday School convention, held in Detroit in November, lasting three days, the general committee called on the Central Directory to secure nurses who were willing to give some service, at least half a day at a time, to the care of a rest-room, and to any cases requiring simple treatment and care. Thinking our experience might be of benefit to the uninitiated, I will give a list of articles we found necessary for the work.

There should be two rooms provided, one for women, and one for men, with a half-dozen easy chairs, four canvas-covered cots, six pillows, four gray cotton blankets, one dozen pillow slips, one dozen towels, two sheets, two screens, two large basins, two small basins, four pitchers, six glasses, two teaspoons, one large slop pail with handle, one wash bowl and pitcher, one hot water bottle, and sanitary napkins. Dressings for surgical cases are: one pound absorbent cotton, one 5-yard roll sterile gauze, one roll of adhesive strap, one tube vaseline, one tube liquid court plaster, bandages, bichloride tablets, and boracic solution. A few simple remedies should be furnished by the physicians on call, such as are used for headache, toothache, diarrhoea, vomiting, vertigo, etc. Two physicians should be on call.

The nurse will need her thermometer and hypodermic syringe, with tablets of strychnine $\frac{1}{60}$, nitroglycerine $\frac{1}{100}$, digitaline $\frac{1}{150}$, morphine $\frac{1}{8}$, codeine $\frac{1}{2}$.

The nurse's duties are to make patients comfortable, and save all the usual discomfort attendant at such gatherings. Of course, the patients are sent away to their homes as soon as they are able to go. A good arrangement is to have one nurse in charge all the time, with assistants, who can come for a half day or more. There should always be two nurses on duty at the same time, that there may always be one in each room. This relief nursing has come to be a recognized need at all large conventions, and we must be prepared to meet the requirements.

WHAT I found extremely convenient in nursing a case of typhoid in a hotel, was an arrangement for keeping ice, milk, etc., without having to go over two or three flights of stairs to the ice-box each time a bath was given, an ice-cap wanted, or nourishment administered.

A good sized galvanized iron garbage can was procured, into which, near the bottom, a faucet was inserted. Inside, about a third of the way from the bottom, a shelf was arranged which did not extend all the way across the can. On this the ice was placed, loosely filling the can, leaving space for such things as required to be kept cool. The can could be wrapped in newspaper to prevent too great waste of ice, and the water drained off served for baths. The whole cost was much less than a nursery refrigerator and much more satisfactory. F. S.

I WOULD like to call the attention of nurses to a book by Luther Burbank called "The Training of the Human Plant." I have read many articles on the training of children, but nothing so practical as that. E. C. H.

THE trouble so often experienced in getting the new baby to nurse is suddenly overcome by first pumping a little milk from the breast. Have ready a little of the milk in a medicine dropper, and as the nipple is put into the infant's mouth, drop some milk into his mouth, and what he has tasted will be an incentive to work hard to obtain more, and he will go at his task with a will. E. B., R.N.

Two men who travelled in Spain recently, where there are many fleas, tried wearing camphor gum about the neck in a bag. They had no discomfort from the fleas, and were sure the camphor gum worked a charm. M. D. B.

[Perhaps the next nurse who travels to a country similarly infested will be good enough to try the experiment and let us know the result.]

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

TABER'S POCKET ENCYCLOPÆDIC MEDICAL DICTIONARY. Edited by Clarence W. Taber, Author of Taber's "Medical Dictionary for Nurses," "The Secret of Sex," Co-Author of "Eales' and Taber's Anatomical and Physiological Chart." Associate Editor, Nicholas Senn, M.D., Ph.D., LL.D., C.M., Professor of Surgery of University of Chicago; Professor and Head of the Surgical Department Rush Medical College; Surgeon-in-Chief St. Joseph's Hospital; Attending Surgeon Presbyterian Hospital; Surgeon-General of Illinois; Lieutenant-Colonel and Chief of the Operating Staff with the Army in the Field During the Spanish-American War, etc. Third Revised Edition. Price, \$1.50. Laird and Lee, Chicago.

Another old friend coming most opportunely with the holiday season—a gift that can hardly come amiss—and so elegant in binding that any one must be attracted by its appearance. As its title suggests it is something more than an abridged medical dictionary. The matter is arranged in encyclopædic form and though necessarily condensed it is not scrappy, and when the subject justifies amplification it gets all the room it needs to make it understood. The name of the late Dr. Senn as one of its editors is warrant of its excellence.

THE PHYSICIAN'S VISITING LIST FOR 1909. P. Blakiston's Son & Co. (Successors to Lindsay and Blakiston), 1012 Walnut Street, Philadelphia, Pa.

This old friend makes its appearance in the fifty-eighth year of its publication—an invaluable aid to order and punctuality. The dose table has been revised in accordance with the latest U. S. Pharmacopœia but in other respects the latest edition is unchanged except to follow the calendar. The price is as follows:

For 25 patients per day.....	\$1.00
“ 50 “ “;	1.25
“ 75 “ “	2.00
“ 100 “ “ “	2.25

PRACTICAL POINTS IN ANÆSTHESIA. By Frederick Emil Neef, B.S., B.L., M.D. Price, 60 cents. Surgery Publishing Company, 92 William Street, New York.

A book that suggests holiday times and gifts, and good cheer. It comes in a brilliant scarlet and gold binding—printed on a beautiful creamy paper, the head-lines and paragraphs in red type. It presents the impressions of the writer, on the correct use of anæsthetics, or rather of chloroform, ether and a combination of these two—anæsthol. It is not a digest of the work of other writers, but is confined to the personal experiences of the author and to the method and use in practice in the German Hospital of New York. The accidents, sequelæ, etc., are discussed and the most convenient methods of handling are suggested. Anæsthesia is one of those things that even in the hands of the most experienced demands all the attention of the operator, and even the most experienced often finds himself “up against” some individual idiosyncrasy which will tax all his knowledge and his past experience to deal with. The present volume is not to veterans but rather to those whose field is limited to occasional cases and who are fain to draw on some one else for what the author truly designates a simple working rule.

CONSUMPTION: HOW TO PREVENT IT AND HOW TO LIVE WITH IT. Its Nature, Causes, Prevention, and the Mode of Life, Climate, Exercise, Food, and Clothing Necessary for its Cure. By N. S. Davis, A.M., M.D., Professor of Principles and Practice of Medicine, Northwestern University Medical School, Chicago; Physician to Mercy and Wesley Hospitals; Member of the American Medical Association, American Climatological Association, Illinois State Medical Society, Chicago Medical Society, Chicago Pathological Society, Chicago Neurological Society, Chicago Academy of Sciences; Fellow of the American Academy of Medicine; Author of a Hand-Book on “Diseases of the Lungs, Heart and Kidneys,” and a treatise on “Diet in Disease and Health.” Second Edition, thoroughly revised. 12mo. 172 pages. Bound in extra cloth. Price, \$1.00 net. F. A. Davis Company, publishers, 1914–16 Cherry Street, Philadelphia, Pa.

The present moment is one in which any literature pertaining to tuberculosis commands attention; and while there are numbers of new books on the subject, and although many ideas have been modified or changed entirely, in regard to treatment, since this book first appeared eighteen years ago, there is much to justify the author in the expectation of finding a welcome to the revised second edition which appears at this time.

The entire book has been rewritten and revised in accordance with present standards, and one chapter, wholly new, has been incorporated, on the advantage of treatment in sanatoria, with a description of the routine of daily life in such institutions. The book is not a treatise on the treatment of tuberculosis, concerning itself entirely with the matter indicated in the title and forming a particularly excellent book of reference for the nursing and care of consumptive patients.

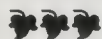
The greatest effort is being made to make the public generally acquainted with the grave importance of adhering to a strict hygienic rule of life in order to avoid contracting or spreading what is popularly known as the "great white plague." The present work is particularly happy in the way it presents a rule of hygiene—the reasons for it, and the almost certain result of neglecting it.

OBSTETRICS FOR NURSES. By Joseph B. DeLee, A.M., M.D., Professor of Obstetrics in the Northwestern University Medical School, Chicago. Third Revised Edition, 12mo of 512 pages, fully illustrated. Price, \$2.50 net. W. B. Saunders Co., Philadelphia and London.

Sometimes it happens that a book is so good it can't be improved upon and this is about the case with the third edition of Dr. DeLee's "Obstetrics for Nurses," already a classic in the nurse training schools of America. It is too well known to need anything but a cordial word of welcome.

ISABEL McISAAC is preparing a new edition of "Hygiene for Nurses," adapted for the use of high schools. An introductory chapter on bacteria will be added.

CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON GENERAL FOR THE
MONTH ENDING DECEMBER 14, 1908.

BECHTLE, CARRIE, on duty at the General Hospital, Presidio of San Francisco, under orders to sail to the Philippines Division on January 5, 1909.

BURNS, SOPHY MARY, graduate of the Pasadena Hospital, Pasadena, California, class of 1907; post-graduate course of six months in the Cook County Hospital, Chicago, Ill.; appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

DETWEILER, LULU HORN, graduate of the Medico-Chirurgical Hospital, Philadelphia, 1907; appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

HALLOCK, MARY H., transferred from Zamboanga, Mindanao, to Jolo Jolo, P. I., for temporary duty.

JORGENSEN, MARIE, on duty at General Hospital, Presidio of San Francisco, under orders to sail to the Philippines Division on January 5, 1909.

KEE, MAUDE B., arrived in the Philippines Division October 13, assigned to duty at the Division Hospital, Manila, P. I.

LATIMER, JUNIA HATTIE, transferred from Zamboanga to Camp Keithley, Mindanao.

LOGAN, MARIE ELDRED, graduate of the Western Pennsylvania Hospital, 1908; appointed and assigned to duty at General Hospital, Presidio of San Francisco.

NORDHOFF, PAULA E., arrived in the Philippines Division October 13; assigned to duty at the Division Hospital, Manila.

RIEDY, JOSEPHINE, transferred from the Division Hospital, Manila, to the United States, and assigned to duty at General Hospital, Presidio of San Francisco.

ROTHFUSS, EMMA, transferred from the Division Hospital, Manila, to Camp Stotsenburg, Pampanga, P. I., for temporary duty.

WILLIAMSON, ETHEL SELINA, graduate of the New York City Training School, Blackwell's Island, 1908, and three months in the Pasadena Hospital, Pasadena, California; appointed and assigned to duty at General Hospital, Presidio of San Francisco.

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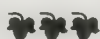
THE AMERICAN JOURNAL OF NURSING

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FEBRUARY, 1909

NO. 5

EDITORIAL COMMENT



THE ITALIAN DISASTER

LONG before this editorial is in the hands of our readers, all will have had an opportunity to contribute some small sum toward the Red Cross fund for the relief of the earthquake sufferers. The American nation has felt most deeply the calamity of Italy, so many of whose sons are among us. Again the value of organization has been made manifest in the ease with which contributions have been collected and forwarded by the Red Cross.

At the end of the first week in January the Red Cross reported the progress of its work up to date as follows:

"We have sent to the Italian Red Cross, including the \$20,000 from the *Christian Herald*, a total of \$320,000; this will be used for their relief work. They have a large number of field hospitals, with full equipment and an active personnel, which they are using in this relief work.

"Furthermore, \$100,000 has been sent to the American Ambassador, Mr. Griscom, in Rome, for the purpose of providing a relief ship in charge of an American committee at Rome, of which Mr. Griscom is the chairman. This ship will be maintained by the Red Cross.

"Ten thousand dollars was cabled to Mr. Bayard Cutting, who is at Messina, and who is the special representative of the American Red Cross, so that in case he finds means of rendering immediate assistance, especially in the case of any Americans who have suffered, he will have funds on hand."

CURRENT LITERATURE OF INTEREST

ON every hand magazine articles and books are appearing which deal with some phases of mental healing, Christian Science, the Emmanuel Movement, etc. Nurses who are interested in these subjects can hardly keep abreast of the information offered, and even those to whom the word

psychology is a bugbear must be aware that something new is going on in the world of medicine. Most of us can remember many cases of "nervous prostration," "neurasthenia," etc., which seemed in the past to defy the skill of physicians to aid, or of their understanding to penetrate.

Doctors are now awaking to the fact that they have not been advancing in the study of mental disturbance as fast as in other branches of medicine and that they, themselves, are partly responsible for the success of Christian Science, New Thought, etc. It is just beginning to be known that a study of psychology with its consequent better understanding of the mental life of man is essential to a physician who undertakes to practise as a neurologist, yet until this past year no medical college has included psychology in its curriculum. Now, if we are rightly informed, five medical colleges are adding to their resources an equipment for the study of psychology and for special preparation in the treatment of patients from the mental as well as the physical standpoint. The attitude of many medical men of the past in the face of nervous disturbances, that of baffled uninterestedness, will soon, it is hoped, be a thing of the past.

The Emmanuel Movement in Boston has been an effort to combine the ministries of the spiritual adviser, the mental healer, and the skilled physician. Patients who have presented themselves for treatment have first had the benefit of skilled medical examination and diagnosis. If a condition was discovered which called for a doctor's services, these were given; if not, the case was passed on to Dr. Worcester, the clergyman at the head of the movement, who by mental suggestion and spiritual aid has helped wonderfully many patients whose wills or habits of thought needed to be brought to their own aid in order that they might recover full physical vigor.

The Emmanuel Movement has been copied in other parts of the country and it is said that there are now forty churches in which it is practised in some form. A very full and clear account of it is given by Ray Stannard Baker in the *American Magazine* for December under the title "Healing the Sick in the Churches."

Medical opinion, which at first seemed to favor this movement as a valuable aid to its own ministrations, is now turning against it, if we may judge from the numerous articles which are appearing in newspapers, magazines and the medical press. Two, which are well worth reading, appear in the *Journal of the American Medical Association* for January 9, written by Dr. Collins of New York and Dr. Edes of Boston.

Dr. Collins seems hardly to present the Emmanuel Movement in a fair light, as he accuses Dr. Worcester of making the diagnosis and using the physician to carry out his wishes. He claims that mental treatment, where such is needed, can best be administered by a skilled physician. There is, of course, danger that ministers in other places may work without the same medical co-operation and diagnosis and may do unintentional harm, or that men who are not trained psychologists and who do not know how to administer mental treatment wisely, may take it up.

Dr. Edes lays stress upon the fact that most physicians have not the time nor patience to go into all the details necessary for the right understanding of many cases of nervous breakdown.

The American Magazine for January has a second article by Mr. Baker on social service in connection with hospitals. This is work in which nurses are of the utmost value. Most of us know of the work being done by Miss Wadley at Bellevue and by Miss Cannon at the Massachusetts General. Miss Franklin's article in this JOURNAL gives a clear idea of such service as carried out in connection with dispensaries. To follow patients to their homes and remedy the conditions which brought about their disease or to continue and make effective the treatment started in the hospital, is one of the most sane and rational steps forward in preventive medicine and philanthropy.

One reform for which there is a crying need is the education in maternity or general hospitals of young mothers with their first babies. The two are given the best of medical and nursing care during and after the confinement and are discharged at the end of ten days or two weeks to follow their own devices. Such mothers should at least be allowed to see the babies bathed in the nursery, just before leaving the hospital, while the nurse explains what is being done and why. This is not nearly so good as the plan Miss Franklin describes of teaching the mothers in their homes by demonstration, but where there is no social-service nurse to follow the patients home, it would be better than nothing.

Every nurse in training who is caring for young mothers could help a little to instruct them by talking with them during the morning bath about the care of themselves and their children, not going into the subject too deeply; and questioning them on succeeding days to be sure they understand. She could take up such topics as the need of cleanliness, the importance of breast feeding at regular and not too frequent intervals; she can suggest giving water to drink, tell how to watch the movements, when to call a doctor, the advantages of fresh air, etc. If some of these subjects are discussed daily during the routine treatments part, at least, of the hearers will take the lessons to heart and some baby may be saved from ignorant ill-usage.

Those nurses whose work lies among larger children will be interested in an article in *The Journal of the American Medical Association* of December 9 on "The Curative Effect of Rest in Children with Persistent Loss of Appetite," by Dr. Irving M. Snow.

BREAD-MAKING

How many of our readers who are recently married and who are deeper in the problems of "housekeeping for two" than in nursing affairs, are making delicious bread for the other half of the "two?" How many of our nurses living together in flats, and cozily keeping house, have good home-made bread when some one of the number is at home long enough to make it and others of the group are likely to be in long enough to eat it?

There are several difficulties in the way of having home-made bread. One is that so few people know how to make bread or dare attempt it; another is that, alas, some of those who know how are too lazy to take the trouble to make it when it can be bought so easily; a third arises, in the case of a few overburdened mothers from lack of time and strength for making food which can be bought. Where it is a question of conservation of precious strength and energy for some one already too weary, the buying of bread becomes excusable, but in most cases we venture to disagree with Miss Hamman's statement on another page that where good bread can be purchased it is wiser to buy it.

Home-made bread is not only more delicious (if well made) and more wholesome, but also less expensive. Let any one who doubts this buy a sack of the best flour and use it for bread alone, keeping account of the number of loaves it makes. After due allowance for yeast, milk, and fire, she will find that it has cost much less than five cents a loaf, and that each loaf goes further than a baker's loaf of apparently the same size.

Miss Hamman gives us in this JOURNAL a definite, clearly-explained recipe for bread, and we are hoping that with a rule so simple, and directions so minute, many of our housekeepers will pluck up courage to try it.

Private duty nurses, who spend their lives in the homes of others, can testify that good home-made bread is rarely met with and that many people buy baker's bread without knowing or thinking of the conditions under which it is made.

What is our duty as nurses in regard to bread? First, if we are housekeepers, to give those dependent on our ministrations the best of bread. Second, to educate other housekeepers to the advantage of home-

made bread. Third, to educate ourselves, and those with whom we have to do, to an awakened conscience in regard to bread which is bought. We can at least inquire of our dealer where the bread is made, under what conditions, whether the premises and employees are clean.

Mrs. Von Wagner, in an article on another page, tells of tuberculosis patients who are employed as bakers. She is not a theorist but a woman working among the conditions she describes. We all accept and eat without question bread which has passed through many pairs of hands between the oven and our table. How many of those hands were clean—laying aside the question of disease?

In some cities there are bakers who do up their loaves in waxed papers as they are taken from the oven. Although this process does not assure us of cleanliness of manufacture, it does eliminate a large amount of handling after the loaf is baked and if we are forced to buy bread, we should take pains to get these covered loaves, both for our own partial protection and to encourage the baker who is taking one step toward decency.

THE USE OF THE R.N.

SOME of our registered nurses are in doubt as to the proper use of the initials R.N., and their confusion arises largely through comparison with the physician's use of his M.D. The usages are not and cannot be the same.

When a man graduates from a medical college in this country the prefix "Mr." is dropped entirely and his name is written John Smith, M.D., or Dr. John Smith. In either case the "M.D." or the "Dr." has the same meaning and may be interchanged. A woman physician drops "Miss" from her name completely and becomes Dr. Mary Smith or Mary Smith, M.D. She never uses the two together, because they have the same meaning.

With a nurse it is otherwise. When she graduates from a training school she does not become Nurse Mary Smith. She does not drop the "Miss" from her name. She is Mary Smith, R.N., if she is registered, or (Miss) Mary Smith, R.N., in a signature. The two terms do not mean the same thing, do not contradict each other, and it is a matter of taste whether both shall be used.

Unless she is an R.N. and signs herself so, no one knows from her signature whether she is a nurse or not, she has no way of indicating her profession. In social usage we do not care to proclaim our calling and prefer to be simply Mary Smith, but professionally it is our duty and privilege to help educate the public by using the letters in all business communications.

If Mary Smith was registered in Minnesota and goes to practise in some other state, she will sign herself Mary Smith, R.N. (Minnesota) until she has become registered in her new state.

We admit that the Official Directory of the JOURNAL has not been quite consistent in its printing of names. At the time it first appeared, it was customary to print all lists of names with the prefixes Miss or Mrs. As changes of officers have been made in the various societies, the names have been altered, but the whole directory is not reset each month; this accounts for the long row of Misses which still stands, though usage has altered, and the names in the body of the JOURNAL are printed without the prefix. It is also true that many names which deserve the R.N. are not credited with it in the Official Directory. For this we are not responsible; they are printed as they are sent to us, and the JOURNAL cannot add the R.N.'s without authority.

In this connection we wish to remind New York state nurses who registered in 1906 that this is the time for re-registering their certificates.

AN INVITATION TO BETRAY A TRUST

A CIRCULAR letter is being sent to nurses which reads: " 'The Confessions of a Trained Nurse' now being published in the Sunday New York — are of vital interest to every professional nurse. They are the intimate stories of the bedside and hospital ward—the stories of the ministering angels who stand closest to the sick and dying. You should read them—they will surely interest and entertain you. And you may have some experiences of your own which you would like to tell to the —."

We believe that most nurses are good women, and that they will resent being called ministering angels, and in the same breath invited to act in a way unworthy of mortals. The principles of the Hippocratic Oath are binding upon us, whether we have formally assented to them or not. If we wish to discredit ourselves with the public, there could not be a better way than for many to respond to such a request. Nothing could more effectively shake the confidence of people, and lead them to avoid and mistrust us, than to read a series of "intimate stories of the bedside and the hospital ward."

CHANGE IN FORM OF NEWS ITEMS

THE demand for space for official reports, announcements, and news items has increased so rapidly of late that a change in the form of grouping such items has been made, by which some space is saved, and more items can be accommodated. Announcements of marriages, births,

and deaths still appear in a column by themselves, but all other items are arranged under state headings, and it is hoped this may prove more convenient for our readers in aiding them to find quickly news from their own locality. If they look in vain, and are disappointed, this means that some one in their association or school should be stirred up to send us news. Inquiries sometimes reach us as to why certain sections are better represented than others, and the reply is always the same, that we print what we receive and cannot know by intuition what is going on about us. We welcome all news items, personal or official, though we are sometimes obliged to cut out items of only temporary interest or to curtail a too lengthy report. By "temporary interest" we mean such items as "Hannah Jones has been visiting her parents in Idaho." That is of interest locally, but is not of permanent importance. If Hannah Jones accepts a hospital position in Idaho, the fact may be of interest and value to many different readers for many reasons, aside from personal ones.

It is hoped that our readers will always look under the heading "National" to see whether there are any announcements from the Associated Alumnae or the other national organizations, also that they will be interested sometimes to see what is going on in other states than their own. Very good ideas for programs or entertainments can be gained at times from the official reports.

NEWS FROM ITALY

THE following extracts are from a letter written by one of the nurses of the Henry Street Settlement, who has gone to Italy for a six months' vacation and needed rest. The tragedy of the earthquake and her nurse's instincts have interrupted her holiday for the time being:

"HOTEL BELLEVUE, Naples, January 2, 1909.

"You know by now what a sad place Naples is, and of course you know I volunteered. . . .

"January 4.

"And now I wish to report to my head nurse that I have five wards, responsibility for medication, feeding, clothing, covering. Let him take who has the power, let him keep who can—is the rule in this half-finished lunatic asylum that has been opened as an emergency hospital.

"I was wild for forty-eight hours, seeing motor after motor car whiz past with laden stretchers, and not getting a place to work. But Miss —, like the dear she is, sent me splendid introductions, and now I have medical and surgical patients in plenty. All the medical are surgical, too. When I see you, such a story of work under difficulties as I shall tell—not with the authorities, thank God! The army, navy, doctors, sisters of charity, and priests are all wonderful, there is no other word.

"The ladies and university lads fetch and carry back and forth in this truly immense place. I have the freedom of the establishment, drugs, dressings, food and clothes, blankets and beds. But there is not a wash basin or bathtub in the place! I took the only cake of soap in sight with me.

"To-day I spent all my time going around to every back in my section (five wards) with a bottle of alcohol, a roll of cotton and a jar of vaseline. I had more use for the cotton and vaseline than for the alcohol. The abrasions from falling stones are truly awful. The *infirmiéra's* (nurse) idea of a clean bed is to leave the patient carefully alone until the mattress is to be thrown away. All the bed-clothes go to—I don't know where yet. My doctor is most satisfactory. I took him into the garden and showed him where the porters put the dressings. Many just throw them out of the windows. This is *not* a military hospital, so we got a squad of men, had some pits dug, and started in preventive work. We have already several hundred patients, and more arriving all the time. There is no hot water in the house, and the cold is turned off because the pipes are defective.

"I am trying to fill the breasts of a lot of *infirmiéra* with helpless admiration for a mackintosh and draw-sheet. I got an American to get me some rubber sheeting, and I shall sleep to-night, though not a patient has been bathed."

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 "P. S. I sleep at the hotel at night and carry my food to work.

"P. P. S. I would give my two best frocks for an old uniform and my invaluable bag. Oh, dear! that is beyond price! I can't buy a suitable anything. You should see me!"

ANÆSTHESIA, again. "While attending the meeting of the British Medical Association at Sheffield this past summer, I heard a distinguished surgeon refer with considerable pride, as well he might, to a series of one hundred consecutive operations of a difficult nature in which there were no deaths inherent to the operations themselves, but in which there were, unfortunately, four deaths from the anæsthetic. This appalling mortality of four per cent. from the anæsthetic was rather more than some of us Americans present could allow to pass without comment, and one rose to the occasion and in speaking referred to the well-known fact that in America we have three records of consecutive anæsthesias without a death, of which we are justly proud—one of 6000, one of 8000, and one of over 12,000—and that the anæsthetist in all of the series was a graduate nurse."

[Address of Dr. Charles N. Smith, given at the Ohio State meeting.]

SOME RECENT SURGICAL METHODS OF THE PRESENT-DAY SURGICAL NURSE *

BY ANNA JAMMÉ, R.N.

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THE two great surgical events of the past century, the discovery of anæsthesia, and the development of antisepsis, together with the improvement in the microscope, have caused marvellous advances in surgery and made possible what was once thought beyond human power to do. The opening of new surgical fields, the surgery of the brain, thorax, abdomen, lungs, heart, intestines, organs that were considered sacred to the action of disease, now go before the surgeon as an every day occurrence.

To the nurse belongs the responsibility of the care and comfort of the surgical patient, both before and after the operation. What must be her equipment for this grave responsibility? Must she have merely a mechanical facility, or must she understand and interpret intelligently what is her responsibility in the care of the patient? Should she understand her asepsis and antisepsis as she does her multiplication table in order to be of practical value to the surgeon and a safe factor in the recovery of the patient? Surely her practical knowledge of asepsis cannot have too deep a foundation, but it must above all be soundly and consistently practical, based on sound principles and soap and water cleanliness. In theory, she must understand the processes of inflammation, the part played by the blood in taking care of infection, immunity, and the natural defenses of the body. She will know the sources and ways of infection and the avenues by which it gains entrance to the body. She will understand the laws and factors of surgical procedure, in order to follow out intelligently and consistently a system of technic.

Simplicity of detail in methods of work is becoming more universal. Elimination of much that was formerly thought indispensable marks the line of progress of the surgeon and changes the nurse's methods. From the standpoint of asepsis we are being led into a more rational, and, we might say, more humane method of work. The patient is not taxed by an unimportant routine system.

The elaborate preparation in the matter of diet and catharsis which

* Read at the Eleventh Annual Convention of the Nurses' Associated Alumnae, San Francisco, May, 1908.

formerly extended over a period of several days is now thought to defeat its own object by lessening the functional capabilities of the digestive tract. A brisk catharsis and customary diet up to the evening before the operation is now considered sufficient to place the patient in the best position for the majority of abdominal operations. Castor oil is most commonly ordered, one and one-half ounces to two ounces, which clears the intestines of all waste material and leaves practically nothing for fermentation. In operations on the upper intestine and stomach, gastric lavage is usually ordered the morning of operation in order to wash out any contained material that might escape into the abdominal cavity during the operation. The absence of the intense discomfort of the over-night preparation of the skin, the vigorous scrubbing, poulticing, wet packs, swathes, etc., not to speak of the mental strain on the patient and horrible anticipation of the morrow, is one factor in the preparation which marks a distinct advance in the humane as well as the scientific side of surgery.

We are told that the skin should be maintained in its natural resisting force. To scrub, poultice, and soak it merely prepares the ground for invading organisms. In present-day surgery, after the patient is placed under ether, the field is thoroughly scrubbed with soap and water, not with a brush, but with a good thick piece of gauze, and then well rinsed. Alcohol and ether or Harrington's solution is then lightly applied.

The careful manipulation of the tissues, administration of anæsthetic and the rapidity with which grave operations are now performed contribute to the resisting force of the patient by not lowering his vitality, and the old time wound infections are almost a thing of the past.

In the general method of the operating room we find some changes in the last ten years. The sloppy, wet floors, which necessitated much mopping during operation on account of the lavish use of irrigation, are now clean and dry, and in the best conducted operating rooms not even a soiled sponge is thrown on the floor. The nurse of the present day wears not only a sterilized gown, sleeves and gloves, but her hair must also be closely covered.

A great surgeon was asked what he considered the most important factor in the after-nursing care of a surgical patient. He said, "a stomach tube and a salt solution." And it would seem with these wisely used, a nurse can work wonderful results in the recovery as well as comfort of her patient. Copious and frequent lavage of the stomach has saved many a life. When there is persistent vomiting of bile or dark

colored fluid a good washing out usually stops it at once. In acute dilatation it may have to be done quite frequently, two or three times in twenty-four hours. This prevents absorption of toxic materials in the stomach. It can be done with very little discomfort to the patient by merely adjusting a rubber apron around the neck, which covers the shoulders, and the fluid may drain over the apron to the side of the bed into a foot tub. The bed and floor will be perfectly dry when this is finished.

The normal salt solution given by rectum is now largely ordered. Dr. Cannon has shown that antiperistalsis is the normal movement of the large intestine, excepting in defecation the liquid contents of the bowels are carried to the cæcum where absorption takes place. Dr. Murphy says by introducing large quantities of fluid into the circulation the vessels become filled, dilute the toxic fluid and carry a flow of cleansing serum to the peritoneal cavity. The method of giving is by hanging the can, containing the solution, which should be one-half strength as being more easily absorbed by the mucous membrane, a few inches above the level of the mattress; a rubber catheter is attached to the tube and introduced into the rectum about four inches. The fluid will run very slowly, taking about one and one-half hours to a quart. Two quarts can be easily borne. Should the patient complain of pressure and a desire to expel the fluid, the can may be depressed below the level of the mattress. Replacing the can at a lower level than it was before, the fluid will then run in without causing much discomfort. Removing the tube too soon after it has been exhausted often causes the patient to expel the fluid, consequently wetting the bed and necessitating the discomfort of changing; otherwise the fluid will return to the can and it will flow back into the rectum. Calcium chloride, one dram to the first quart, is added where there is danger of hemorrhage, as in common duct operations. This method of introducing fluids into the system is used after operations for exophthalmic goitre when it is necessary to dilute the toxin in the blood. The blood-vessels and lymphatics are filled and prevent further absorption of the poisonous secretion of the gland. In severe jaundiced cases, where there has been obstruction of the ducts, six quarts of the fluid are ordered to be given during the first twenty-four hours—two quarts every eight hours. It acts by diluting the bile in the circulation and gives the tissues a better fluid. In shock following operation, after severe hemorrhage, or when for any reason the patient is unable to take fluid by mouth, it is a far more comfortable method of introducing it into the system than by way of the tissues (hypodermoclysis).

The sitting posture, or Fowler's position as it is called, together with the use of the slow saline solution per rectum, has made a great change in the mortality of abscess cases and brought about a radical change in nursing. The semi-sitting position, or the exaggerated Fowler's position, requires ingenuity on the part of the nurse to maintain and to do so with comfort to the patient. He will usually slip down and bend so that the abdomen will be on a level with the mattress which is just what we are trying to avoid. There are several devices, such as swings, hammocks, pillows, etc., placed under the buttocks and attached on each side to the head of the bed with a brace at the foot to place the feet against. Dr. Stuart McGuire of Richmond describes a wooden bed seat which consists of a board padded and makes a shelf on which the patient sits. From this a wooden shaft passes through a second board which rests against the foot of the bed. The shaft has a number of holes, and a peg placed in one of them will prevent it from passing through the bottom of the bed and give the patient a firm place for his feet. It can be easily removed by the nurse when it is necessary to do so. Another very effective and a comfortable means is by supporting the patient's back with pillows; a wedge-shaped Ostermoor bolster is placed directly over the mattress at the head of the bed, the small edge of the wedge under the patient's back, three or four pillows piled on top of it, placing it at a comfortable angle. A firm roll under the buttocks and tied on each side to the head of the bed is a good arrangement to maintain the exaggerated Fowler's position. It gives the patient a sense of security and he will not slip down. In cases of gastro-enterostomy this position is used for the purpose of gravity for the fluids of the stomach.

There are still the fundamental discomforts always present after operation which are not now quite so pronounced and which depend much on the individual patient, as pain, nausea, thirst, intestinal gas and sleeplessness, which usually last but a few hours, owing to the simple preparation, shortness of time of operation and careful administration of the anæsthetic. The early administration of water and quick return to light diet, within two days, or as soon as the nausea has disappeared, usually establishes peristalsis and adds to the comfort of the average surgical patient. When it is necessary to avoid catharsis or for intestinal distention, a favorite routine enema is Epsom salts 2 oz., glycerin 2 oz., turpentine 1 oz., which will usually succeed in promoting peristalsis. An enema of milk and molasses—milk 3 oz. and molasses 2 oz.—will frequently accomplish the results when salts and glycerin fail. Castor oil is again given as a routine catharsis, in undrained cases, on the fourth day.

DRESSINGS.—A surgical nurse should have a knowledge of the process that occurs in the repair of the diseases, the condition which favors or retards repair and the significance of exudate. The important factor in healing is the avoidance of infection. Consequently non-interference of the original dressing is the usual order in clean wounds unless there is a rise of temperature. Union is complete in three or four days and the dressing is not touched until the patient leaves the hospital. In perineal operations the healing exudate which surrounds the stitches is not disturbed. A very careful light douching is now permitted after urination until after the bowels are moved on the fourth day, when a low-pressure vaginal douche is given.

Hot moist dressings assist in the process of drainage in suppurative cases. These dressings are applied loosely enough to permit of easy absorption, a sufficient quantity of gauze covered with absorbent cotton and over this a layer of cotton batting, unabsorbable, or oil muslin. Antiseptics of mild strength are frequently used; strong solutions cause injury to the skin.

Boracic acid or bichloride of mercury, 1:10,000 or 1:20,000, alcohol 50 per cent., or boracic acid and alcohol equal parts is also used. A pad of several layers of gauze is wrung out of the hot solution and placed lightly over the wound. This dressing is very effectively applied to the wound after operation for exophthalmic goitre or cystic goitre and is very comforting to the patient. It promotes drainage of poisonous serum, relieves nervousness, and lowers the temperature, the patient usually going to sleep immediately after the dressing. For drainage purposes the glass, rubber, split rubber, and cigarette drains are used. In some hospitals these are removed by the nurse according to routine or as ordered by the surgeon. The end of the drain is grasped with the dressing forceps and usually slips out quite easily, unlike the old gauze drains. Force should never be used in removing a drain.

In the detail of abdominal bandages, all clean wounds are now dressed merely with a pad of gauze held in place with two strips of adhesive. When there is a drain, as in abscess cases, gall-bladder operations, etc., which has a bottle attached to the tube leading from the point of drainage, an abdominal binder is adjusted, merely to hold the dressings in place and not for pressure or compression. This has added immeasurably to the comfort of the patient, as it was always difficult to keep the binder in place, and in hot weather it was extremely irritating and uncomfortable.

The surgeon of the present day usually orders the patient out of bed much earlier than formerly and there seems to be less phlebitis in conse-

quence. The circulation is restored to normal conditions and the patient is able to take up his usual mode of living more rapidly.

I have dwelt in this short article only on a few important facts in the method of work of the present-day surgical nurse, hoping the discussion that will follow will bring out many equally important and instructive points in our nursing work.

TUBERCULOSIS WORK OF A SANITARY INSPECTOR *

BY JOHANNA VON WAGNER

Sanitary Inspector, Board of Health, Yonkers, N. Y.

WITH no mortgage on fresh air nor trust to monopolize the supply, it seems unnecessary to have the largest death-rate from a disease which is entirely due to the lack of air and light. When the general public knows more about the laws of health, dark unwholesome dwellings will not be easily rented, even if advertised as cheap, because disease is too dear for most people, especially at the expense of young life.

At the present time we have improved building laws, so that wet cellars, dark unventilated halls, and air-shaft rooms will perhaps soon be a crime of the past.

Cleanliness, real surgical cleanliness, as known in hospitals, will have to be introduced into households to safeguard the family. Sanitary chemistry will do a great deal to improve household hygiene. Underfed and neglected children, such as are found in drunkards' homes, should be taken care of in proper institutions, and the tendencies for an early grave will be lessened.

The lack of cleanliness I hold responsible for much of the tuberculosis in our congested tenement house districts. Suppose I wish to be clean. My neighbor does not wish to be clean, does not recognize his or her duty to the community, expectorates in public places, is not clean in dress or person, in or outside his dwelling. I shall surely suffer, as all humanity forms one chain not stronger than its weakest link. Give us clean air, clean water, clean food, clean utensils, clean bodies, clothes, homes, and streets,—and the record of preventable diseases will become a part of our past painful history.

The musty smell of damp cellar air, the collective odor of six or twelve family cookings, the bedroom odors from overcrowding, all that we notice on entering the usual tenement house, the pernicious habit of two or three members of one family or boarders sharing one bed, and

* Read at the International Congress on Tuberculosis, Washington, D. C.

the fear of night air are soon responsible for the decline of health and the beginning of tuberculosis. The absence of sunlight at day and the lack of fresh air at night are mighty factors in developing germs.

The mother who is most confined at home is usually the first victim, the baby and other members of the family following, until in some instances whole families have been wiped out.

The mother coughs very often into her hands or apron, and prepares the food with unclean hands, her breath coming into close contact with it, thus sowing germs broadcast.

One day, while visiting a woman who had lost all belonging to her from this disease, I saw an illustration of this kind. She stopped in the middle of getting her meal and said: "I must get some of Jim's letters and papers for you to read." These letters had been kept in a box since his death without being fumigated, and looked over often by other members of the family. All had died but the parents. The woman looked them all over, handed them to me, and went on preparing the meal without washing her hands, cutting bread and cake and offering me a piece, because it was homemade.

In another house I found a man with tuberculosis of the throat and beside him a pan of ashes for the discharges. I asked him what was done with the ashes, and was told that they had a double purpose, to fill in the yard and make a scratching ground for the chickens. On my way to the street I passed through the yard, found the chickens enjoying the rough ashes, and, far worse, the children of six families digging in them, as more fortunate ones do in the sand.

In a Slavish home, where the mother of the family had the disease in its last stage, her bed in the kitchen was shared by husband and three children, the baby beside her in a cradle, the bedrooms sublet to boarders. The poor woman had to get out of bed three times a day to prepare the meals for the family and boarders. It was near noontime, the patient was staggering around from table to stove, coughing terribly, using her hands to expectorate in; also tearing the meat and tomatoes in pieces at the same time, putting them in the frying pan, cutting bread and getting the coffee kettle to boil and the meal was ready. I begged her to stay in bed and let the boarders look after their own meals, but she said her husband would beat her if she did not get up so I waited to see her husband and told him his wife needed a doctor, good care, and a bedroom to herself, and as I had found out that he could well afford it, told him it must be done. The man was furious and said: "My wife, she is no more good to me, she will go in the box soon; I will not spend my money on her."

His young wife, the mother of four children, caring for ten boarders, who went barefooted to the dock summer and winter, carrying heavy loads of coal and wood on her back up the steep Yonkers hills, working and slaving so that the man could put his money in the bank, now had to listen to this brutal speech, and also to feed the woman that was to be her successor, waiting for her end in misery.

There was nothing to do but take the law in my own hands. I told the man to help at once to get one of the bedrooms ready or else be arrested, cleared out six boarders, made the woman comfortable, sent for a doctor, supplies, and milk, and also for the priest to help me in moral suasion. I went once or twice daily to see that the patient was well cared for, and that the children and father slept in the kitchen. The poor young woman at least ended her life in cleanliness and quiet.

When a baker works until three days before his death, it is not likely that the bread he handles will be wholesome, especially when he is careless in coughing, using his hands to wipe away the expectoration. This same man boarded with a nice family, but was as careless in his room, expectorating wherever convenient. The woman, mother of five children, who had to clean the room, contracted the disease, and must now lose her life, and five little children be motherless.

A certain Hebrew who was too sick to work any longer thought he could support his family by going into the milk business, bought the milk in cans, filled the bottles in the dirtiest tenements, coughing and spitting all around the place. The children carried the bottles of milk to the unsuspecting customers. It took just one day for the Board of Health to put an end to this enterprise.

In another instance I had to report a butcher, who was far advanced, coughing badly, hardly able to be up, handling a great deal of meat and sausage; no one seemed to object to buying at his store.

Seven successive cases of tuberculosis occurred in one basement, found while inspecting, the last victim lying on the bed in the kitchen, rocking a baby in the small cradle beside him, walls mouldy and mattress soaking wet from dampness. Two small bedrooms occupied by boarders were just as damp, water running down the walls. It was winter, very cold, only a small fire in the kitchen and windows kept tightly closed, all vapors from washing and cooking condensed on walls and woodwork. I reported the condition, the basement as unfit for human habitation. The place was vacated and the Commissioner of Charities helped to move the family into healthier quarters.

The second hand man and rag peddler should be labelled dangerous, and either trade abolished or premises inspected and fumigated. Most

people are anxious to sell clothes, bedding, and furniture after a case of contagious disease, and for some reason or other it is always done before the Board of Health arrives to fumigate. Many people are anxious to patronize the second hand store and so may buy their deaths cheap, but sure.

When I found the wives and children of rag peddlers, many having skin and eye infections, in the small sheds, busy tearing up rags and sorting them, I brought it to the notice of the Board of Health, and women and children were prohibited from working in the rag shops. Most of these peddlers were Italians.

Dumping grounds, where women and children get second hand cinders, present another source of infection, as a great deal of sick-room refuse goes into the ash-barrel; it behooves each city to protect the ignorant and prohibit such custom.

Boarding and lodging houses where homeless consumptives abide until death, if not ejected before for lack of funds, or because of the nature of this disease, must be deadly to all newcomers, unless well looked after and cleaned thoroughly, which is very seldom done.

One old man who was dying said with difficulty: "If I had a million dollars to-day I would——" As he seemed tired I said, "Would you buy your health back?" "Oh, no, I would build a big hospital for the likes of me, so they need not suffer like a dog as I did."

One great source of infection must be due to house pets and vermin. Tenement house dogs and cats are, as a rule, not kept clean, they are handled by the sick and other members of the family and neighbors, and so distribute germs wherever they go. Flies, roaches, bugs, etc., must, from the nature of their scavenger traits, contaminate food and the blood of inmates.

Dry sweeping, whether of street, school rooms, carpeted halls, or living rooms should be prohibited. Janitors and housekeepers should realize the danger lurking in dust to themselves and others.

What a lot of teaching it took to do away with the dim religious twilight in sick rooms and allow the patient the benefit of daylight and night air and also to insist upon daily ablutions—the dread of water was as great as the dread of air.

Dirty finger-nails are a great source of infection. Children playing on floors scratch their skin and tubercular abscesses may result. Several babies died with tubercular meningitis within two or three weeks after having been vaccinated; the babies had been healthy and strong up to that time, no history of tuberculosis in family. Mothers were careless and wounds had not been kept clean.

Food exposed to street dust in open meat and baker wagons cannot be wholesome. Restaurants and public drinking houses, whether soda fountains or bar-rooms, all need inspection for more cleanliness.

The most practical solution of the large problem of prevention of tuberculosis would be in enforcing civic and domestic cleanliness, which cannot be done alone by making laws, but by educating the general public to the whys and wherefores of such laws, and so obtain their co-operation. Pure air can only be found in clean streets and clean homes. Pure water must come from pure sources; pure food, from honest manufacturers, clean dealers, clean restaurants, and a clean family kitchen. Clean bodies and clean living will make this terrible disease a matter of history. Better housing conditions, abolishing cellar habitations and work shops, better isolation of patients with contagious diseases, more supervisions from the Departments of Health, of intelligent officials capable of teaching hygiene, domestic and personal, prevention of overcrowding among the foreign residents of our large cities and much will be done to prevent sickness and poverty.

When the men and women of science and experience become teachers of those who are in darkness, they will have realized their true mission in life and become co-workers with nature's great law, "Cleanliness is next to Godliness."

THE NEWER INTERPRETATION OF CHARITY AS PRACTISED BY THE ASSOCIATION FOR IMPROVING THE CONDITION OF THE POOR *

BY H. GRACE FRANKLIN, R.N.

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THE New York Association for Improving the Condition of the Poor was organized in 1843 and has sixty-five years of successful work to its credit.

The following from the sixty-fourth annual report may explain somewhat the policy of the Association:

"During the year ending September 30, 1907, the Association aided either with food, clothes, rent, or counsel, 61,572 persons directly, and 4807 through the Joint Application Bureau. Besides these the district nurses of Junior Sea Breeze visited 102,000 individual families.

* Read at the meeting of the New York State Nurses' Association, Buffalo, October, 1908.

If the remarkable growth of the Association's work represented a corresponding increase in poverty, the record for the year might well cause concern. As a matter of fact, the figures cited serve only to indicate our increasingly just interpretation of the word "relief," and to emphasize the truth that the Association is not only a charity of first importance, but also a powerful educational force directed to the prevention of evils that produce distress. With one hand the Association dispenses relief from poverty, and with the other relief from the ignorance, for which the unfortunates are seldom responsible, but to which their distress is largely due."

As early as 1845 it was fighting for model tenements. In 1851 De Milt Dispensary was founded, and in the following year the Northwestern Dispensary was opened. In 1864 pure milk legislation was secured and since that time this important question has been kept constantly in sight. The Association also founded the Society for the Ruptured and Crippled Children, built the first public baths in New York, organized the vacation schools and maintains the first American Seaside Hospital for the treatment of bone and gland tuberculosis in children.

The Fresh Air Home at Coney Island, known as Sea Breeze, is another of its institutions. The camp for sick babies was opened at Junior Sea Breeze in 1906. There were five shacks, or tents, each with an accommodation for twelve babies. The staff consisted of a resident physician, three visiting physicians, a superintendent, a head nurse, five day nurses (each having a nursery maid as an assistant) also four night nurses. There were two large play tents, to which mothers of sick babies were invited to bring their older children and spend the day. A kindergarten was in charge of the play ground, and very often had under her daily supervision 400 children. Twice weekly lectures were given by the nurses and doctors as to the proper way of caring for infants. Two hundred and four babies were admitted and cared for in the hospital, and eighty-nine out-patient babies were treated this first season. This work was continued this summer, and two field nurses were added to the staff.

The Association no sooner originates one thing for the improvement of the poor and puts it on firm working basis, than it starts another.

In the spring of 1907 the Association was able to organize a corps of three nurses to go into the homes to educate the mother in the care of herself and her baby, and also to establish at Hartsdale, N. Y., the Caroline Rest Home for convalescent mothers. Mr. George H. F. Schrader, a retired manufacturer, has maintained this great educational

charity. The Caroline Rest Home is situated among the hills of Westchester County and here these tenement mothers are given a chance to breathe in the pure air, renew their strength and at the same time receive practical instruction as to the care of their babies. The home has accommodation for sixty. The women are not limited as to the length of stay, but remain here until they are again able to take up their home duties. I know of one mother who remained fourteen weeks.

Last spring the Association opened seven milk depots and thus nine nurses were added to our staff. This work is under the supervision of Mr. Wilbur C. Phillips, Secretary of the New York Milk Committee of the Association for Improving the Condition of the Poor. Mr. Phillips is untiring in his efforts to bring about a proper understanding of infant feeding. The object of these depots is not to encourage artificial feeding, but to stimulate and educate the mother in the proper way of caring for her own baby. The nurses from these depots visit the houses to instruct the mother in home hygiene. There are also thirty-six physicians attached to the depots to direct the nurse in the care of each individual baby.

The field in New York is a big one and many things will have to be accomplished before results are satisfactory. I took up my work with the Association in 1907, and was stationed on the lower east side in the Corlear's Park section. I made a house to house canvass and hunted out the sick babies and pregnant women. I made myself known, so that the children and mothers of this neighborhood felt that I was their friend. I had regular hours at Corlear's Park, where the mothers knew they could find me, and I was sought out and consulted concerning many things. The living conditions are murderous for these babies, and almost every day I had several tenement house complaints to send in. The co-operation with the Tenement House Department was perfect. I became acquainted with the inspector for the district. We worked, so to speak, hand in hand, and very many unsanitary things were removed, thus giving the babies a better chance for life. It may surprise you to know that in one of the big tenements on Monroe Street I found fifty-four children under two years old, and twelve pregnant women.

My greatest problem was that of getting the mothers to have a physician instead of the midwife. I know there are some who advocate the midwife. She may be a valuable asset to society, but I have not found her so, and after investigating I feel that something should be done either to abolish the practice of midwifery, or increase the educational requirements for those who choose to follow it. The Board of

Regents does not require the midwife to take an examination, but by paying 25 cents she can register her certificate with the Department of Health. I feel confident that the Association for Improving the Condition of the Poor will take this matter up. The following history will give you an insight into the character and quality of their work.

I called to see Mrs. C., who is foreign born and has always had a midwife during previous pregnancies. I tried to impress upon her the importance of having a physician and finally all arrangements were made to this effect. I called to see her at the time set for her confinement, the baby had been born, but instead of sending for the physician she had called in a midwife. Calling again in a few days I found the baby's eyes secreting. I suggested to her that she call a physician. This she promised to do, although she stated that the midwife had said, "It is nothing." Before leaving I sent out and bought boracic acid, prepared a solution and gave her practical instructions in caring for the eyes. My last warning to her was that she should see a physician. After a few days I made another visit. The woman was up and the baby's eyes were filled with a yellow pus; no doctor had been called as the midwife did not think it was necessary. I told Mrs. C. that unless something was done I would report the case to the Department of Health; I also urged her to take the infant to an eye dispensary at once, but she wished to wait until to-morrow. I insisted upon her going. When she called at the dispensary the physician stated that the eyes were in a serious condition and advised placing the baby in the hospital. The baby was at once taken to one of the New York eye hospitals, where he was examined by the physician in charge, who stated that had the woman waited twelve hours longer, the baby would have lost the sight of both eyes. Diagnosis was gonorrhœal ophthalmia. I saw the superintendent of the hospital and obtained a free bed, where the baby was kept for three weeks, when he was discharged cured.

In September, 1907, I was transferred to the Caroline Rest work. I do not believe that the idea which Caroline Rest attempts to put into practice is carried out by any other institution. The object is to teach the mother the proper care of herself before and after confinement, and also to teach her the care of her baby. We like to have these cases placed in charge as soon as possible, because it is in the first stages of pregnancy that so much can be done for the woman to insure a strong, healthy baby. We believe very strongly in prenatal influence. Our cases come to us chiefly through our relief visitors. The nurse visits the woman, ascertains home conditions, social environment, and conditions of previous pregnancy. Arrangements are made for the woman to

have hospital or home care, whichever seems more advisable. We co-operate with all of the maternity societies, which furnish physicians free, but when a woman lives out of the hospital district and it seems best for her to remain at home, they provide the physician, and often a helper to care for the other children. Should the woman's condition not be normal, she is at once placed under the care of a special physician, and his orders are carried out. For instance:

Should I visit Mrs. J. and find that she is not well and needs medical care, I would first send her to the maternity hospital to make arrangements for her confinement. The hospital physicians do not give the woman any medical care at this time, therefore, after Mrs. J. has made her arrangements with the maternity hospital, I would send her to a dispensary physician whom I know. I find out from him just what he advises, and carry out his instructions to the letter. He may feel she needs milk, a change of scene, or he may feel that a successful completion of her pregnancy may depend on her having some one to do her washing or cleaning. Should this be true the visiting cleaner is sent by the Association. In every way things are done to insure a successful confinement, a healthy baby and a healthy mother. During the lying-in period I do not in any way have the care of the mother or the baby unless the doctor requests my service. The entire care is left to the Maternity Association. Special food is provided, also clothing and whatever else may be necessary, by our relief department. Just as soon as the case is discharged by the physician, I again step in and instruct the mother in the care of her baby. Everything is furnished by the Association if the woman is unable to provide it. I have furnished bath tubs to many mothers who have never had one. One woman, a mother of seven children, was given a bath tub and instructed how to use it. It was the first tub she had ever had. The baby was three months old when the mother came to us, he was very ill, the woman was very poor, and many things had to be provided. The baby was sent to the dispensary, where the physician stated it was starving owing to the condition of the mother's milk. The mother had not had sufficient nourishment and was in a very depleted condition. The woman wished to place the baby on the bottle, but she was made to understand that her milk was best if she would be careful of her diet and carry out the physician's orders. She was provided with plenty of milk to drink, and also with other nourishing food and warm clothing. The baby began to improve and all signs of disease disappeared. This case was in charge and was visited weekly by me from November until the following May. The baby became strong and healthy, living conditions were much im-

proved, the family became self-supporting, and the case was closed. As I was passing by the house one day this summer, I called in to see the mother. Her statement may explain to you the result of the work. "I can never forget you, you lifted me out of poverty and saved the life of my baby." Do you realize what an incentive to renewed efforts such an expression must be for the nurse? I could name case after case and then only give you a faint idea of what it all means. Beside the instruction which the mothers receive from the Caroline Rest nurses they also benefit by their contact with our relief visitors, sewing teacher, domestic science teacher and visiting housewives. This work continues the year round. It is not experimental and is broadening out in many ways.

In the June number of the *AMERICAN JOURNAL OF NURSING*, there appeared the following news item: "A new work has started at Bellevue Hospital, New York, on the first of May. The idea is that of Mr. Robert W. Bruere, General Agent of the New York Association for Improving the Condition of the Poor. The work is experimental and promises to be as valuable as so many experiments originated and put into practice by the Association for Improving the Condition of the Poor." Mr. Bruere conceived the idea of having a nurse at Bellevue to follow up all of the discharged hospital cases and also to follow up the dispensary cases, to instruct the mother in carrying out the orders of the physician. He was most anxious to prove to Bellevue and other dispensaries how necessary this work is, and thus have them assume the responsibility of providing the nurse for this educational work. He is very desirous of having a field nurse in every children's dispensary. The main object of the work is educational and preventive.

The following is the report of my four months' work at Bellevue Hospital and Dispensary: Number of cases in charge, 150; discharged hospital cases, 78; dispensary cases, 72; visits to wards and dispensaries, 217; to homes, 839; cases referred to dispensaries, 74; placed in hospitals, 32; reported to Department of Health, 18; relief cases referred, 29; referred for fresh air, 498; tenement house complaints, 35; cases reported to Department of Correction, 1; reported to Department of Charities, 3; reported to the Bureau of Licenses, 1; to whom milk was furnished, 40; quarts of milk furnished, 979; babies supplied with clothing, 8; amount expended in furnishing sugar of milk, prepared barley, nipples, bottles, etc., \$9.68.

I was allowed a certain fund with which to provide milk, infant's outfit or anything of this nature to aid in carrying out the physician's orders. Often a woman called at the dispensary and was instructed to

do this or that particular thing and yet she was unable to do it, because of lack of funds. Had there been no follow-up nurse, the physician's orders could not have been carried out and the baby might have died. This will explain some of the items in my report. It is very gratifying to state that the work has been such that Bellevue at the end of four months was most willing to provide the nurse and now one of its own graduates is following out our plan. Often my work was very heavy and seemed more than one nurse could handle, but because of the support and counsel of Mrs. Helene Ingram, our very efficient Superintendent of Relief, my capacity for service was doubled.

During the summer the Association for Improving the Condition of the Poor placed a field nurse at the New York University and Bellevue Medical College Dispensary. Dr. J. Dodge Peters made an application for the same work to be taken up at Roosevelt Dispensary, and I am now located there, trying to establish a permanent field service.

I consider this work one of the greatest instruments of educational prevention. Families are reached that could be reached in no other way. In going into a house I have not confined my work to the case in charge, but have looked after any case that may have come to my notice. I received very hearty co-operation from the United Hebrew Charities, New York Diet Kitchen Association, Children's Aid Society, and from many hospitals and dispensaries. Possibly one of the most valuable results of field work is that it brings many kindred institutions into co-operation for the conservation of life.

CARE OF THE CONVALESCENT *

BY MARY G. CARPENTER, R.N.

Graduate of the City Hospital School for Nurses, Wheeling, West Virginia

THE experience and practice of nurses in training in general hospitals is largely confined to the nursing of patients during the acute and early convalescent stage of their ailments, at which latter point they usually leave the hospital. The busy nurse on general duty has not much time to devote to the entertainment of convalescent patients. She gets more or less theoretical instruction on the subject from her superintendent, and this is valuable in as far as it goes. However, most graduate nurses will agree with me, I believe, in saying that the practical work of nursing, the work the nurse was trained to do daily, the

* Read at the third annual meeting of the Graduate Nurses' Association of West Virginia, October, 1908.

actual routine nursing of her patients, made a deeper and more lasting impression upon her memory than any theoretical teaching she may have had. Taking this for granted, we find the nurse, at graduation, fully equipped to give intelligent and thoroughly competent care to an acutely ill patient. This she *does*, and brings him safely through to convalescence.

Here, you may tell me, most frequently ends the nurse's connection with the case. Very true! But what of those more infrequent cases where her services are required during several weeks of a tedious convalescence or where the patient has ample means and wishes to treat himself to the *luxury* of a nurse's attendance, though it may not be absolutely necessary to his welfare? It is here that the nurse begins to feel out of her element and at a loss just how to proceed.

When the patient approaches the physically normal, his brain wakes up and demands entertainment. The long, weary days must be gotten through in the way most beneficial to the mental as well as the bodily health of the patient. In order that this may be accomplished the nurse must furnish a variety of light entertainment suited to the mental condition and capacity of her patient. If the patient be a child, the task seems a comparatively easy one. If he be a man of deep intellect and one who has kept abreast of the affairs of the world, the nurse may often find herself at a loss to satisfy and content his mind. Be she so fortunate as to have had the advantages of a broad education, and the added benefits derived from extensive travel, she has a wide range of material to draw upon. She meets him upon his own mental plane, and the result is that both patient and nurse find the hours filled with profit as well as pleasure.

But what of the nurse who has not been blessed with the advantages of wide travel and generous education? Is there nothing she can do to make herself more acceptable to this class of patients? Does she, as a rule, attach enough importance to the reading of improving literature, to the attendance upon lectures, concerts and similar functions, all of which tend to elevate her thoughts and have a refining influence upon her whole personality? Does she aim to keep in touch with current events? The work of nursing is such a tax upon both physical and mental strength that often the nurse, in her leisure hours, may feel unequal to the grasping of anything but the lightest fiction. But to read fiction to the exclusion of all other matter means to deteriorate mentally. It makes its impression for the passing hour and leaves but little useful residue. The great events shaping themselves from day to day in the history of the world should interest the nurse, and she should

know enough of such matters as to be able to discuss them intelligently when occasion arises. With the long hours devoted to thoughts of her work, the nurse's mind, when she is off duty, needs complete change of food, and between cases she should avoid as far as possible talking "shop" and should endeavor to add some new treasure to her mental storehouse. The works of the standard poets contain many sublime thoughts, and the nurse, in committing these to memory, will not only derive pleasure for herself, but will be acquiring the means of giving pleasure to her patients. She will be lifted above the plane of practicality upon which she must dwell for so great a share of her time and will approach more nearly the spiritual state of mind for which we all hunger at times.

As we have shown that there is considerable demand for nurses who are qualified to combine a knowledge of practical nursing with the art of entertaining, and as there is a minimum amount of physical strain combined with a maximum amount of remuneration involved in this demand, it would seem to be worth a nurse's while to expend some time and money, if necessary, in order to fit herself for such work.

The ability to read aloud well is to some persons a gift, while to others it is acquired. To be able to read aloud, in a pleasant and well-modulated voice, is to give untold pleasure to those dependent upon her for this service. Would not a few lessons in elocution or dramatic expression be helpful? To some, this may seem extreme, but from my viewpoint it would be a good investment. To occasionally vary her practice by being able to acceptably fill the requirements of a case in which is demanded mental companionship rather than bodily care would go far toward prolonging the working years of a nurse's life.

Let us consider another class of patients to which the nurse is not infrequently called. These are not so much sick in body as feeble in mind, yet having enough mental vigor to demand entertainment and diversion.

Perhaps you will pardon me if I tell you of such a case of which I once had charge. The patient was a young woman twenty-three years of age, who since her twelfth year had been a subject of epilepsy. The attacks were light, but frequent, sometimes three or four a day. Her mind had not developed with her body, and when I first knew her she compared mentally with a child of twelve or fourteen years of age. Her games and amusements had to be selected with a view to her mental capacity. She was fond of being read to and demanded a great deal of her companion along this line.

For many months the patient and I lived together among strang-

ers, living for a few months in one place and then moving on to another. Because of her frequent seizures she avoided people, and thus she and her companion were almost wholly dependent upon each other for mental stimulus. Because of her peculiar mental condition strangers did not seek our society. She was not in a condition to be left alone, therefore you will understand that, in a sense, I was never able to get out of her company. For years she had been entertained and amused almost constantly during her working hours, and if left to her thoughts for any length of time would grow morose, refuse to eat, take to her bed and stay there for days. This was to be prevented at any cost. Long walks and drives daily were part of the doctor's program for her treatment. Living thus for months, with no time for *reading* or *even thinking*, the nurse found the mental stagnation almost unendurable, and her resources for amusement to the patient falling low. The patient required the nurse to retire at a certain hour each night on the plea that otherwise it disturbed her (the patient's) rest. She must be humored.

At last, in desperation, I hit upon a plan to relieve my own mental hunger and at the same time, I hoped, to acquire a new source of amusement for the patient. I bribed her to extend my time for retiring by one hour by explaining that the time was spent in preparing a new pleasure for her. During several evenings I succeeded in memorizing Bryant's "Thanatopsis," which is a great favorite of mine. This gave me plenty of mental exercise, as it was rather difficult to memorize. However, this was at last accomplished, and one morning, while out upon our regular five-mile "tramp" I mounted a stump in the woods and proceeded to declaim "Thanatopsis," making it as impressive and dramatic as I could. To my unbounded joy, the patient was delighted with the performance and asked for more. I dragged up from the memory of far-away school-days such gems as "The Barefoot Boy," "The Battle of Waterloo," passages from Whittier's "Snow-Bound," "The Cotter's Saturday Night," Longfellow's "Evangeline," "Hiawatha," "The Prisoner of Chillon," and numerous other selections.

It was astonishing how the reciting of these selections diverted and entertained the patient. For the most part the sentiments embodied in them were far beyond her comprehension, but she seemed to enjoy any dramatic expression, and where this was not called for I introduced it as far as possible, as it seemed to please so well. You cannot know the pleasure I received in committing this matter to memory. It relieved the awful mental stagnation and answered as new amusement to the patient.

Such patients as this do not come often to a nurse, but some one

must care for them, and it is necessary to be resourceful if you would succeed. We are called upon in our capacity as nurses to fill so many different positions—nurse, companion, comforter, teacher, preacher, and many others. So then let us each day lay up some new treasure to be brought forth and used in the hour of need.

HOUSEKEEPING FOR TWO

By ANNA B. HAMMAN

Instructor in Foods and Cooking, Mechanics' Institute, Rochester, N. Y.

(Continued from page 266)

THE small family whose members are workers outside the home usually finds it more practicable to buy bread than to make it. It is more economical of time and strength, if not of money. Bread-making is an industry which perhaps ought to be carried on outside the home, and wherever good, wholesome bread can be purchased, it is undoubtedly wiser to buy it than to insist upon having the home-made product. The great trouble with the professional baker is that he wants to get his bread out of the oven as soon as possible after he puts it in. As a result we have quickly baked loaves of a pale color, or loaves nicely colored, but underdone inside. Bread baked too quickly is flavorless as well as unwholesome.

It is a satisfaction to be able to make a good loaf of bread if the necessity arises, or if the whim takes one to have some of the home-made article. Here is a recipe for making two loaves.

Bread.—One cup milk, one cup water, one and one-half teaspoons salt, one yeast cake (compressed yeast), two tablespoons cold water, bread flour to make a dough. Scald the milk; put the salt into a mixing bowl, and add milk and water; when wetting is lukewarm (100° F.), add the yeast, mixed thoroughly with two tablespoons cold water. Sift over this mixture enough flour to make a batter that will drop easily from a spoon. It will take about three cups. Stir in the flour and beat the batter until it is smooth and full of bubbles. Then add gradually enough more flour to make a stiff dough, working in each addition thoroughly with the spoon. Sprinkle a little flour on the moulding board and on the palms of the hands. Turn the dough out on the board and knead. Lift the dough frequently and sprinkle more flour on the board. Do not let it stick to the board or the hands. To knead dough, put the ends of your fingers under the edge of the dough farthest from you and fold it over towards the centre; press down and away from you

with the palms of the hands three times; then turn the dough quarter-way round and repeat motions. Knead until the dough does not stick to board or hands, until it is velvety to the touch, elastic, and begins to show little bubbles on the surface. Grease the mixing bowl, put in the dough, smooth side up, brush over with melted fat or water, cover with several thicknesses of cloth, and let it stand three hours in a warm room.

When the dough has doubled in bulk, turn it out on the board, cut it into pieces of the proper size for your tins, knead lightly to redistribute large gas bubbles, shape into loaves and put into greased pans. Cover with thick cloth, set in warm room, and let the loaves double in bulk. Put into moderately hot oven and bake from an hour to an hour and a quarter for a loaf of ordinary size. It should be nicely browned on both sides and bottom, as well as on top.

If everything works smoothly, this bread will be out of the oven five hours after the time of starting. It is possible to lessen the time by increasing the yeast. I have seen excellent bread made with one yeast cake to a half cup of wetting. It did not taste of yeast, contrary to the prediction of many bread-makers.

If, on the other hand, you wish your dough to stand over night and finish the process in the morning, use half the quantity of yeast.

Shortening and sugar may be added to the bread, if you like. Put into the mixing bowl, before pouring in the hot milk, from one to two tablespoons of butter or lard, or the two combined, and two teaspoons of sugar. Bread with some shortening in keeps moist longer than bread made without any.

French Rolls. Cut some of the bread dough, after the first rising, into small pieces, mould lightly into round balls with the tips of the fingers; then roll under the palm of the hand until you have a pointed roll, three or four inches long, and not more than an inch through in the thickest part. Place them in a greased biscuit tin, leaving three-quarter-inch spaces between the rolls. Let them get thoroughly light, and bake in a rather hot oven twenty-five minutes. These make excellent, crusty rolls.

Bread Sticks. Roll out some of the bread dough into pieces six inches long and not larger around than a slate pencil. Let them rise, and bake in a hot oven until brown and crisp. They are good with soup in place of crackers, or with the morning coffee, in place of toast, and are often well digested by people who cannot eat ordinary bread.

Zweibach. This is another form of bread which may often be taken care of when the stomach or intestines cannot manage the common sorts. But right here is a good place to say that the stomach

and intestines are usually given work to do on bread that should be done in the mouth. Bread is largely starch. Starch must be changed to sugar before it can be absorbed by the lining of the intestines. A *large part* of that change should take place in the mouth by means of thorough mastication and complete insalivation. Sugar is soluble, starch is not. Given a mouthful of well-baked bread, it should practically disappear in the mouth, with no solid residue to swallow. How many of us send down lumps of starchy food for our poor "weak" stomachs to struggle with? Ninety-nine per cent. of our weak stomachs would rapidly improve if we didn't allow our teeth to shirk their share of the digestive work.

Now, as to the zweibach. The very reason it is better borne by people with weak digestion is because heat has performed the first step in the digestion of the starch. It has changed it to dextrin, which is half-way between starch and sugar. The same thing has taken place in the crust of ordinary bread and in the browning of toast.

Zweibach is simply twice-baked bread, and in the second baking a large part of the starch is dextrinized. An excellent substitute for the commercial article may be made from ordinary bread if it is tender and porous. A hard, solid bread does not make a good zweibach. Cut the bread in even slices a full half-inch thick, then cut in half-inch strips. Lay the strips in shallow tins and put them in a very slow oven, where they may stay several hours, or even all day. Shake them and turn them frequently, so that they may dry without warping. Leave them until they are a light brown all over and all through. Aside from their use in the invalid diet, these make a most palatable addition to the general table to serve with soup, cocoa, salads, etc.

Here is a recipe for genuine zweibach which I have used. It makes delicious zweibach, but it is more trouble and is more expensive than the substitute just described. It is quite possible that the butter and eggs could be reduced, and good results still be obtained, but of course eggs add to the lightness and butter to the tenderness of flour mixtures.

One-half cup milk, two yeast cakes, one-half teaspoon salt, two table-spoons sugar, one-quarter cup melted butter, three eggs, flour. Scald milk, cool until lukewarm, add yeast cakes. When yeast cakes are thoroughly mixed, add salt and one cup of flour. Beat thoroughly and let rise until light. Add butter, sugar, eggs unbeaten, and enough flour to handle. Knead, shape into long, pointed rolls, put on a well-buttered pan, leaving two inches between rolls. Let them rise, and bake twenty-five minutes in a hot oven. When cold, cut in half-inch slices and brown in the oven as directed for the bread strips.

Muffins. If we haven't time to make bread at least we can have our own muffins, and these the bakers haven't offered to make for us yet. Here is the simplest of all muffin rules, and we can vary it indefinitely. One-half cup milk, one and one-half tablespoons melted butter, one cup pastry flour, two teaspoons baking powder, one-quarter teaspoon salt, one teaspoon sugar. No eggs, you see, in this rule. Mix all the dry ingredients, and sift them twice. Stir in the milk, making a smooth batter; add the melted butter, beat vigorously for a few seconds, turn into buttered muffin tins and bake in a hot oven twenty to twenty-five minutes. The batter should be thick enough to drop easily from the end of a spoon. The muffin tins should be filled about two-thirds full of the mixture.

Now for some of the variations. You may make the muffins more or less sweet, to suit your taste. You may leave out one-half teaspoon of baking powder and substitute one egg beaten until very light and added after the milk. You may increase the butter, thereby making a richer and more tender muffin. Success depends upon having the batter of the right consistency, keeping wet and dry ingredients separate until the last minute, getting them into the oven quickly after they are in the pans, and the proper degree of heat for baking. With a gas range, the oven is more likely to be too hot than too cold.

RULES GOVERNING AN OPERATING ROOM FOR OUTSIDE SURGICAL SERVICE

FROM THE LAKESIDE HOSPITAL, CLEVELAND

THE resident physician and the head nurse will be held equally responsible for the general management of the operating room.

All cases for operation shall be reported by the resident physician to the head nurse by 7 A.M. and they shall be posted upon the bulletin board.

The resident physician and the head nurse will be held responsible for the methods of sterilization and the thoroughness in the carrying out of the methods.

All instruments for repair or orders for new instruments shall be sent at once to the office of the principal of the training school.

Patients' friends must remain in the room provided for them. They must not be in evidence in the operating room.

The resident physician will give orders for sending for the patients for operation.

Operations will be performed daily and will as nearly as possible begin at about 8.30–9 A.M.

The temperature of the operating room shall be 75–80°.

A nurse must accompany each patient from the operating room to the ward, and she shall return promptly to the operating room all operating room blankets, hot water bags, pus basins, tongue forceps, etc., that may have been sent up with the patient.

Care of the Operating Room Linen.—Use carefully, avoiding destruction by stains or burning in sterilization. After use, send to the laundry as soon as possible in bags provided for the purpose, after having removed blood-clots, etc. Do not use operating room towels for drying instruments and utensils.

Time Off Duty.—The head nurse must alternate with her pupils in taking time off duty. The second assistant pupil will be in charge of the operating room during the absence of the head nurse. The head nurse will take every other Saturday P.M. and all day Sunday off. The alternate week, the head nurse will take one-half day off duty and one-half day on public holidays. The orderly must be on duty when the head nurse is off duty.

Department.—It is expected that the nurses, while on duty in the surgical pavilion, will attend quietly to their various duties, remembering that the work of the operating room must be regarded strictly from the professional standpoint, and must not be discussed anywhere except in the operating room. It is also expected that the nurses will do everything in their power to conduct the work of the operating rooms in a quiet manner, avoiding unnecessary noise and confusion.

Co-operation.—The lives of patients are daily entrusted to those working in the operating room, and it is only through a hearty co-operation of those connected with this department that the patients' best interests are served. So it is earnestly urged that any slips of technic which may be recognized shall be at once brought to the offender's notice, whether he be a doctor, nurse, or orderly, in order that it be at once rectified, before any damage be done.

Communications.—Any questions, messages or other information with which the operator is concerned, are to be first submitted to the resident in order that he, in turn, may call the surgeon's attention to the matter when there is the first opportunity. Doctors, while visiting in the operating room are requested to wear the long white coats provided for such use.

Care of the Instruments.—For cleaning purposes, the following preparation must be used: One piece of soap (Proctor & Gamble), in

one pint of water, add whiting to thicken, remove from stove, and add one ounce of ammonia. After cleaning, rinse instrument in a very hot lysol solution, dry carefully. Sapolio, kleanit, and other preparations of the kind must not be used. No sweeping will be done in the operating rooms or in the corridors. The floors must be thoroughly mopped twice a day, morning and evening, with clean soapsuds. All dusting is to be done systematically with a wet duster.

The windows of the surgical pavilion must not be opened when there is any question of dust being blown in.

Laboratory tests must be made, at irregular intervals, of the linen, sutures, saline solutions, and a written report of same sent to the principal's office.

Fresh Tissue.—Specimens of tissue removed at operation are to be received and closely wrapped in several thicknesses of wet gauze wrung out of plain water. They are then to be labelled with the date, patient's name, and room number, as found on the list of operations posted for the day. At the end of the operating morning the orderly is to put the tissue in the refrigerator located on the first floor of the Pathological Building.

The anæsthetist must notify the resident physician before leaving the hospital, allowing sufficient time for rearrangement, leaving telephone number in case of an emergency call.

Anæsthetic Room.—Absolute silence is to prevail, as far as possible.

On patient's arrival, operating room blankets are to be substituted for ward blankets, Kelley pad, and rubber sheets put in position, and preparation made for the scrub-up, so that anæsthesia and cleansing the field of operation may progress synchronously.

Notify the resident that the patient is down.

The upper air passages are to be sprayed with albolene in all cases where ether is to be administered. Boil ether masks and atomizer tips before using.

IN *The Federation Bulletin*, Mrs. Ellen Richards writes of "Sanitation in Daily Life" and makes a plea for an aroused conscience among women for cleaner food supplies. They should insist upon clean handling of food from the time it leaves the garden or the manufacturer, through the store or market, and during its preparation in the kitchen. It is largely a crusade for clean hands. "Habits never to be forgotten must be inculcated in the children."

NURSING IN MISSION STATIONS



NEWS FROM PORTO RICO

EDITH WHITELEY, in charge of the nursing at the Presbyterian Mission Hospital, Porto Rico, writes: "You will be surprised to know that Porto Rico had island examinations almost before it had any nurses. These are prepared by a board of physicians and surgeons of Porto Rico. Nurses are obliged to pass these examinations at the time appointed, once yearly, and are not allowed to practice without a certificate from the state.

"Nursing, except by the Catholic sisterhood, is in its infancy, and is far behind Cuba, I should judge, from what I have read in the JOURNAL. There are a great many midwives practicing, but Americans who have been obliged to employ them are far from enthusiastic over the experience. The first step taken when entering the home to take charge of a case is to exclude all air, nearly including that from the key-holes; and pressure is used to expel the child, regardless of force.

"Miss Amy E. Pope, joint author with Miss Maxwell of 'Practical Nursing,' is our new and interesting neighbor, as superintendent of the Insular Training School for Nurses here, a school organized last May. The school is separate from the hospital, with a seemingly good arrangement. The nurses get about three months of theoretical work, such as they can take, with practical demonstrations, then go into the Municipal Hospital for their practical work.

"Miss Pope has rewritten her book, to be translated into Spanish for use here, which will prove a Godsend to us also, as it takes so much time to get it into Spanish lesson by lesson, as I have had to do, for with so much else to do, Spanish without study grows slowly.

"The accompanying picture of our nurses may be of interest. Notwithstanding the discouragements, the development of these Porto Rican nurses is very interesting. I shall never regret my experience here.

"When we hear lines of comparison drawn between these little Porto Ricans and Americans, we feel that it is so unfair, for the Porto Ricans have had the most limited training of any kind previous to coming here.

"I was quite delighted to hear a patient, a trained nurse, a graduate of the Long Island Hospital, say she would not have believed that



PUPILS OF THE TRAINING SCHOOL OF THE PRESBYTERIAN MISSION HOSPITAL,
SAN JUAN, PORTO RICO.

she was not being cared for by an American, had it not been for the language. She was having typhoid treatment, baths, etc.

"The notes from the other mission stations in the JOURNAL are especially interesting to us all here."

IN the *Missionary Link* for January Dr. Blanch Munro writes from Jhansi, India: "The dispensary is one of the most interesting parts of our work. Here we meet all sorts of women, from the ignorant villagers and despised lower castes to the proudest Brahmins and Begáms. Those who would not come into the wards for a day, even to save their lives, or the lives of their children, are quite willing to come day by day for medicine. Thus we gain their trust and confidence, and eventually they are often prevailed upon to come for treatment to the hospital when necessary though they had at first emphatically refused.

"Just now the numbers vary each morning from seventy to one hundred or more. They all gather at first in the large airy waiting room, in little groups. There are two benches for those who care to use them, but almost all prefer sitting on the floor. When fifteen or twenty have arrived, we begin our service with a Hindustani hymn. Mariyam Das, our hospital Bible woman; Miss James, the Hindustani assistant surgeon; Rosy Bai, compounder, the surgical nurse, who is changed from month to month, and the *Dr. Miss Sahib*, all assist. After singing, the hymn is explained in full, and the Gospel story told as simply and graphically as possible, and then prayer is offered. After this we all go to our places, while Mariyam remains and talks with the women, giving each a tract in her own language, till all have passed into the consulting room for treatment. We have them come two or three at a time, and each new case is given a highly colored yearly ticket with her name and number on it, and two Hindu verses, John 3:6 and I. John 1:7 on the back. In addition, she gets a white slip with the necessary treatment written on it, and then passes on to the surgical or dispensary room.

"Most of the patients are very poor and dressed in ragged, dirty garments, but high-caste Hindi women and many from rich Mohammedan families come too. In this land of caste, it is hard for them to understand that we treat all the women alike and that the words 'I am a Brahmin' have no special influence with us, notwithstanding the blessings they promise us as a reward. . . .

"I never know when I may transgress against their superstitions. One day after I had handed a woman her prescription, I suddenly sneezed. Immediately she turned back and asked me to change what I

had written, as a sneeze is a very bad omen, and the first medicine would lose its effect on that account. . . .

“Before the last year all our treatment was free, and we would like to have kept it so, but as our numbers increase, we need more medicines and supplies, and our funds are not sufficient. On this account the past year we have made a little charge for medicines, where we thought the people could afford to give it, and although we have not pressed it, we fear this has kept the numbers smaller than they would otherwise have been.

THE *Missionary Link* also reports that in Bareli, India, “the graduation of the first training class for nurses from the Zenana Mission Hospital took place, where ten young women received diplomas. This class completed a prescribed and extended course of study in anatomy, physiology, materia medica, surgical methods, nursing, compounding, anæsthetics, midwifery, and hygiene. It had practical work in the hospital, nursing the patients, binding wounds, and administering medicines, and in the dispensary they learned compounding, and in surgical operations administered anæsthetics, and assisted the doctor in other ways as needed.”

A READER of this department has written to us asking about missions to lepers, where such are located, and whether nurses are employed in any of them. We shall be grateful for information from any one informed on this subject.

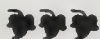
“WE welcome you not as servants, not as assistants, but as associates, whom we recognize as willing and able to divide and lighten our labors, to share our responsibilities, to place the crown of success upon our labors and with whom we are ever ready and willing to share the honors. . . . The thought has frequently occurred to me, when completing some desperate operation, that the operation has only made it possible for the patient to live, but that the nurse who staid on the case will make it impossible for her to die.”

[Address of Dr. Charles N. Smith, given at the Ohio State meeting.]

It is fairly demonstrable, then, that, as a minimal estimate, about two-fifths of the paupers in almshouses, one-fourth of the seekers of charity outside almshouses, and almost one-half of the dependent children in America owe their deplorable condition to alcohol.

The Union Signal.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

A NEW WRINKLE IN ETHER INDUCTION.—The *Medical Record* says: Perhaps the greatest single factor in diminishing the danger of anæsthesia of whatever character is the use of as little anæsthetic as is necessary to produce unconsciousness to pain or abolish the reflexes of the patient. The administration of narcotics before anæsthesia is one of the methods adopted to reach this end while all improvements in the technic of narcosis aim at a similar result. To these two methods Klapp had recently added a third, namely, the artificial diminution of the circulating blood during anæsthesia by stopping the circulation in the extremities with the help of elastic bandages. Experimental work on animals has uniformly shown that such diminution of the circulating blood enables the production of anæsthesia with a much smaller amount of the anæsthetic, while the awakening from unconsciousness very rapidly follows the admission of the circulating blood to the vessels of the extremities. Dr. zur Verth had an opportunity to try this method in Bier's clinic in Berlin, and reports very favorably upon it in the *Münchener medizinische Wochenschrift*. He administered anæsthetics in over one hundred cases after preliminary bandaging of the lower extremities; the arms were never cut off from the circulation because of the greater danger of injury to the nerves in the upper extremities. The results fully bore out the data of experimental work: Less anæsthetic was used in all these cases than usually, strong individuals being easily anæsthetized by means of the ether drop method; the recovery from anæsthesia followed almost immediately the removal of the bandages from the legs; no injurious after-effects were noted.

AIR INFECTION OF MINOR IMPORTANCE.—Chapin states in the *Journal of the American Medical Association* that the theory of the aërial transmission of disease was developed as the most reasonable way of explaining the phenomena of infection, but contact infection with carriers and mixed cases affords a better explanation of the phenomena. The best medical thought has been steadily restricting the supposed sphere of aërial transmission, and only a few authorities now assert that disease is carried by the atmosphere outside of dwellings, and this asser-

tion is made only with regard to smallpox. Bacteriology teaches that former ideas in regard to the manner in which diseases may be air borne are entirely erroneous; that most diseases are not likely to be dust borne, and they are spray borne only for two or three feet, a phenomenon which after all resembles contact infection more than it does aërial infection as ordinarily understood. Tuberculosis is more likely to be air borne than is any other common disease. Animal experimentation indicates that tuberculosis may be air borne, and that plague and some other diseases are not, but pathology has not determined, as is sometimes alleged, that even pulmonary consumption is an air-borne disease. There is no good clinical evidence that the common diseases are air borne, but there is considerable clinical evidence that scarlet fever, diphtheria, smallpox, measles, whooping-cough, typhoid fever, and plague are not easily transmissible through the air.

THE COMMON COLD.—The *New York Medical Journal*, in a synopsis of a paper in the *Lancet*, says: Allen asserts to have placed the bacteriology of the common or catarrhal cold upon a sounder footing, indicated means whereby a distinctive diagnosis of the causal organism or organisms may be made in any given case from a consideration of the clinical features, and to have demonstrated the utility of vaccine therapy not only in shortening acute attacks, but also in curing chronic cases and in securing immunity, more or less complete, from further attacks, acute or chronic, in those susceptible to this troublesome and common complaint. He defines a cold as a local inflammation of any portion of the respiratory tract, from the mouth and external nasal meatus to the bifurcation of the bronchi, together with the sinuses attached thereto. Inflammations due to the ordinary pyogenic cocci are excluded. The acute cold exhibits the following stages: 1. Local anæmia of the mucous membrane. This is followed by local hyperæmia. 2. After infection there is a period of incubation, during which the hyperæmia increases, and there is dryness and tickling of the throat and nose, and general malaise. 3. The third stage, or "catarrhal plateau," is characterized by greatly increased mucous secretion, with sore throat, cough, and general malaise. 4. In the subacute stage, the mucous discharges become thick and yellow in color, containing leucocytes and lymphoid cells. 5. The last stage is one of true chronicity, and is marked by continuous excessive secretion of thick mucus. The most common causative organisms are the bacillus of Friedländer, the bacillus septicus, the influenza bacillus, and the micrococcus catarrhalis. Their relative frequency varies widely in different epidemics. Each organism produces a more

or less distinct type of cold. True chronic nasal catarrh is usually due to the bacillus of Friedländer, while the micrococcus catarrhalis is largely responsible for chronic tracheitis. Subacute colds appear to be due to either the bacillus of Friedländer, to the micrococcus catarrhalis, or micrococcus paratetragenus. The persistent hacking tracheal or "winter" cough is probably due to one of the two latter organisms. The mode of onset and condition of the throat are helpful in the distinctive diagnosis. If the fauces and pharynx are first affected, either the micrococcus catarrhalis or the bacillus septicus is certainly present; if the larynx and trachea become speedily involved the former of these or micrococcus paratetragenus is indicated; to hear a patient cough is sufficient for a diagnosis if m. catarrhalis or m. paratetragenus. The constitutional symptoms of the bacillus septicus are but slight, those of the micrococcus paratetragenus are moderate, while the general malaise in the cases of the three others may be extreme. The temperature is high only in the case of influenza. The prognosis in cases of infection with Friedländer's bacillus should be very guarded, as there is risk of ear and accessory sinus involvement. The same is true of the micrococcus catarrhalis and the influenza bacillus where extension downwards is also to be feared. A good prognosis can be given in the case of the bacillus septicus.

CIRCULATORY DISTURBANCES IN DIPHTHERIA.—Howland, in the *Journal of the American Medical Association*, remarks that as far as treatment is concerned there can be no doubt that rest and general management accomplish much more than drugs. All are agreed as to this. On the subject of the value of the different circulatory stimulants there is far less unanimity of opinion. The number of drugs that have been advised in this condition is proof of their inefficiency, especially when practically all observers agree that digitalis, the most certain of all cardiac stimulants, fails in its effect. This at once raises the interesting question whether, if the cardiac muscle is so extensively diseased as to fail to meet the demands made on it by its normal regulatory apparatus, it is capable of being advantageously stimulated by drugs. Clinical experience seems to indicate that it is not, and if occasionally a clinician speaks favorably of one drug it has always been found ineffective in the hands of others. Krehl frankly states that drugs are unsatisfactory. We can expect very little permanent effect from their use and permanency of effect is what is required, for the myocardial lesions require days and weeks and not hours for their cure.

THE ARMY TO BE IMMUNIZED AGAINST TYPHOID FEVER.—The *New York Medical Journal* presents the findings of the board of officers of the Medical Reserve Corps on this subject as follows:

The board found that the practice had been used during the Boer war in South Africa, where about one hundred thousand men were vaccinated, but that no reliable statistics were at hand to show the results since that time. However, about fifteen thousand men in the English and German colonial armies had been vaccinated against typhoid, and complete and carefully compiled statistics had been collected, from a consideration of which the board was convinced that the vaccination was quite harmless and that it would be of great service in diminishing the amount of typhoid fever among troops, especially in time of war. It therefore recommended that the practice of vaccination be introduced into the regular and volunteer armies in time of war.

The board further recommended that in times of peace all the men be given an opportunity to be protected against the disease, and that special efforts be made to vaccinate as many of the hospital corps and nurse corps and any others especially exposed as possible.

PUBLICITY OF VENEREAL DISEASES.—Dr. Toms, in an address published in the *New York State Journal of Medicine*, says a word about venereal diseases. Gonorrhœa, next to measles, is stated to be the most prevalent malady of civilized countries. It is estimated that from 75 to 90 per cent. of all males have been infected. It is the cause of 50 to 65 per cent. of all capital operations in public hospitals on women; and the one factor of sterility, due to the genital infection of female infants.

It is the most difficult of all infectious contagious diseases to control in infants and foundling hospitals, asylums and day nurseries, most of whose inmates become infected; and furnishes 30 per cent. of blindness in children and over 10 per cent. of all adults in asylums.

CONSUMPTIVES AS TRAINED NURSES.—The *New York Medical Journal* says: Dr. George B. Wight, Commissioner of Charities and Correction of New Jersey, is quoted as recommending that the New Jersey Tuberculosis Sanatorium at Glen Gardner be used as a training school for tuberculosis patients instead of a sanatorium merely. This sanatorium receives only incipient cases, and Dr. Wight believes that if these persons were properly taught they would become invaluable as trained nurses in local hospitals or camps, to care for others suffering with the disease.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

THE NEW SCHOOL OF THE ASSISTANCE PUBLIQUE IN PARIS

AN interesting ceremony to inaugurate the second year of the new training school for nurses on the grounds of the *Salpêtrière* took place on the 4th of November last, when M. Cruppi, president of the Board of Trade and Industry, who had been delegated by the government, presided over a gathering composed of many members of the Paris County Council, the Board of Charity, and the medical profession, among whom was Dr. Landouzy, dean of the medical faculty, M. Liard, vice-rector of the Paris University, and the president of the medical academy. The guests were received in the open court before the school by M. Mesureur, director of the Assistance Publique, and others, and in the building by Mme. Jacques, matron, and her two assistants, Mlles. Haxaire and Grenier, and M. André Mesureur, with the teachers and professors of the school.

Addresses were made to a large gathering in the beautiful amphitheatre of the school by M. Cherioux, president of the Paris County Council; M. Mesureur, Dr. Sebileau, M. Cruppi and others. Our limited space does not permit more than brief quotations from the proceedings: M. Mesureur gave a very interesting account of the origin of the school; his predecessor in office, M. Mourier, after a visit made to the London hospitals, had planned to erect a building as home and school for hospital nurses with a view to raising the standard of nursing in the Paris hospitals, but his plans were interrupted by death. M. Mesureur, in 1902, found the project among the papers outlining the many reforms M. Mourier had desired to carry out, and determined to complete it. At the end of December, in the same year, the building of the new school was decided by the County Council.

Dr. Sebileau outlined the technical and professional preparation of the nurses, and all the speeches took a high tone as to the need of higher education and careful training.

The school is intended to train nurses for the Paris hospitals only. After being trained, they will be given permanent positions in these hospitals, but, as M. Mesureur pointed out, it would take thirty years for the graduates of the school to fill the 2000 places that there are for

head nurses, assistants, and senior nurses alone, in these vast hospitals, so that certain signs of jealousy on the part of present incumbents are uncalled for. His address intimated the various troubles met with by the directors and matron of the school, which we can all easily understand when we realize that these pupils are removed from the arbitrary and sole dictation of the many hospital directors and physicians of staff. "As the best men become unjust when their habits and ideas of authority are interfered with" (said M. Mesureur) "the school underwent a kind of ostracism from the highest to the lowest, and the hospital rules allowed many petty annoyances to be inflicted upon it. The orders for supplies were not complied with, because they were not worded according to the usual forms; one day, the cart that collected the linen was not allowed to stop at the school, and the pupils had to carry their own clothing to the laundry. When the pupils went for the first time to the hospital wards, they received a cool welcome. Here, they were not needed; they might sit down; there, on the other hand, the scrubbers were told to sit down and the pupils ordered to do the housework and cleaning."

To understand this, our readers will remember that these pupils are at present sent into different ones of the large hospitals, as the new Pitié, where they will in the future receive their whole course of training, is not yet complete.

We congratulate M. Mesureur and Mme. Jacques on their successful struggle against many difficulties; we have said before this that the reformation of the nursing in the Paris hospitals is the most difficult problem in the civilized world at present (in matters of nursing, it is understood), on account of the centralized government of these hospitals. Compared with the old system, a wonderful advance has been made. For ourselves, we will admit frankly that we would have been glad to see this new school established entirely, throughout, on the same lines as the two Bordeaux schools, which we regard as in every particular the model schools of France; we regret, also, that Paris has never seemed ready to show a cordial recognition of the great service done to their common country by these two schools, in which all French citizens should take a common pride, just as all England did honor to St. Thomas, the school of Miss Nightingale.

We have, however, always felt that it would take a long time to bring about in Paris hospitals the fundamental basis on which the Bordeaux schools rest, namely, the control of ward management, ward housekeeping, and ward discipline, placed in the hands of the head of the nursing staff.

We firmly believe that the liberality and high purposes of M.

Mesureur and his immediate group, including M. Montreuil the progressive Director of the *Salpêtrière*, if they were allowed full sway, would speedily bring this about, and we rely confidently on their good purposes and principles to advance the nursing reform so nobly begun.

THE NATIONAL COUNCIL OF NURSES OF GREAT BRITAIN AND IRELAND

THE Council met on the 27th of November and transacted much important detail relative to the meeting next July of the International Council. Tickets admitting to all meetings of the nursing congress to be held at that time will cost 75 cents, single tickets 25 cents. The International Council depends on the sale of these tickets to help out with current expenses of meeting, the British Council in the meantime raising a guarantee fund.

A nursing exhibition, consisting largely of nurses' practical handiwork, is to be held in conjunction with the congress. The program plan is to have only two papers at a session, with ample time for discussion, and it was decided to give one session, to which women only should be admitted, to the question of moral prophylaxis (teachings of sex hygiene, public education as to venereal disease).

It was suggested that a paper on the "Relations of Medicine and Nursing" might cover important points, and, speaking personally, we would say that here might be the opportunity to present to the medical profession in America the need of some recognition in the Code of Ethics of medicine of the doubtful ethical principle involved in the diploma of the private special hospital.

Miss Isla Stewart will entertain the delegates and guests at a reception on the evening of Monday, July 19, at which time the new countries will be admitted into membership—a delightful occasion, and those who have once enjoyed Miss Stewart's hospitality will know how much pleasure to expect. Miss Forrest, of Bournemouth, also offered to entertain the delegates, and it was decided to have a banquet on the evening of the 21st or 22d of July.

The British National Council has affiliated with the National Union of Women Workers, and its standing committees on Navy and Army Nursing, Poorlaw, District, and School Nursing, Mental, Private, Fever Nursing, and Prison Nursing are intended to hold a brief for the Council in important special branches of nursing, and help it by expert advice. One duty would be to compile annually, for presentation to the Council, a brief résumé of progress on important matters in nursing. Such reports, published year by year, would give a valuable history of nursing.

THE VISITING NURSE DEPARTMENT



IN CHARGE OF
HARRIET FULMER

MISS BRONSON, of the Visiting Nurse Association of Chicago, has received the appointment of visiting nurse at Marquette, Michigan, a recently organized association.

CHRISTINE THOMPSON, of the Visiting Nurse Association of Chicago, is employed by the Cleveland Cliffs Iron Company, Welfare Department, as visiting nurse. She is located at Ishpeming, Michigan.

ABBIE HEFFERN, a former New York public school nurse, tells in the February *Designer*, in a most interesting way, of some of her experiences as a school nurse. Hers is no doubt the experience of other school nurses, but she has put them in attractive and readable form, and gives many wise and helpful suggestions for beginners.

FLORA M. SHAW, of the Montreal General Hospital, in the January *Canadian Nurse* gives a most interesting compilation of the various visiting nurse associations, their methods and aims.

IN order to assist Miss Waters in the very valuable book she is compiling, will all nurses having information of interest please communicate with her at 265 Henry St., New York?

MILWAUKEE has just sent out the first annual report of its Visiting Nurse Association. The society is firmly established and has the financial backing of the philanthropists of the city. Miss Tompkins, formerly of the Visiting Nurse Association of Chicago, is the supervising nurse.

THE school nursing in Chicago is now a permanent department of the Health Board of the city. The nurses are Civil Service appointees and are doing a forward movement in co-operation with a private charity, the Visiting Nurse Association. The combination is unique, but is directly in line with the modern theory of both private and public betterment service, uniting for the good of all. The result is avoidance of duplication of work, the safety of working in harmony, and four times the ground covered for the same expenditure.

LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

THE JOURNAL AS AN EDUCATOR

DEAR EDITOR: For a long time I have wished to say to every registered nurse that I think the JOURNAL covers all of our needs, if we apply all that it contains.

It has happened that just before going to care for a nervous case, or a typhoid fever, or pneumonia, or some other, that I would read in the JOURNAL an article upon that particular case that might possibly contain something new to me, and I consider it equal to any post-graduate course, and with careful study we can, I believe, receive the Hospital Economics course from it and always have the up-to-date education of a registered nurse.

EDITH C. HUNTINGTON, R.N.

REORGANIZATION ENDORSED

I

DEAR EDITOR: The "Eastern Delegate" has expressed my sentiments upon the suffrage question. We are organized for a definite purpose and let us abide by our constitution.

The plan suggested by the JOURNAL for reorganization seems a good one. Not only is the American Medical Association organized thus, but the National Educational Association and the National Charities and Corrections. I am very much in favor of the consolidation of our two great national associations, and the subdivision of the whole into departments.

A WESTERN NURSE.

II

DEAR EDITOR: The proposed union of the Associated Alumnae and the Superintendents' Society is distinctly a forward movement. Our aims are one, and I believe that a combination would make one of the strongest professional associations in the world. I am very glad the JOURNAL advocates it, as I believe its influence is more strongly felt than most of us realize, and as it stands for progressive lines always, it is a comfort to have this movement promoted by it.

Most sincerely yours,

HARRIET FULMER.

THE SUFFRAGE

I

DEAR EDITOR: I am surprised and sorry to read that there is any subject "too broad and general" for the JOURNAL to present. As nurses, meeting all classes of people, we need all the *breadth* and *largeness* of vision we can get, and our JOURNAL should be one of our chief sources for *getting*. The wider our horizon the better we may understand conditions that we consider beneath us;

and surely, with the people who are deep thinkers we must try to show a reasonable degree of intelligence on the world questions. As for the suggestion recently made in a JOURNAL letter, with regard to Mohammedanism, I see no serious objection to a concise statement about that faith; but on the other hand, all creeds and faiths are narrow as compared with the principles of religion that shine through them all, and those need not be considered irrelevant anywhere. That the nurses do not consider them so, was shown in the Detroit convention, where the work of the Y. W. C. A. was presented and received with favor.

We want clubs to endorse our movement for registration, yet are we willing to listen to the arguments which another organization, far larger and more powerful than our own, finds vital enough for their "one aim?" What if everybody were so "narrow" that they would not listen to our appeal for registration, but only busied themselves with their special *ism*? Let us see the problems of others, and just so far as we ask their intelligent consideration, let us give in return. That it might interfere in some particular instance is possible; but I believe that, other things being equal, nurses' registration will be more readily procurable where there is political equality; and suffrage more likely where there is nurses' registration.

It is well that the endorsement did not carry at the San Francisco convention, for it would not have truly represented the nurses. I do not say that we should pass it at the next meeting, but the question has come up and I make a plea for information that shall help us to know why we do or why we do not. As business or professional women we need to recognize the debt we owe to the women who have *done things* before us, making it possible for us to hold the positions that we do to-day. To be sure, Miss Anthony came to see that the whole question was one of education, and the people could not be forced into a recognition of political equality until they were ready for it, but education is what we need, and it never hurt anybody. Additional suggestions as to where to look for good articles on broad subjects would be a welcome department to some of us, who read little, but try to read good things when we do. To be *broad* one must look on both sides of a question. It is possible to be very narrow in the most progressive reform. It is a sad commentary that recently appeared, that the "demand for nurses of broad general culture in addition to their technical training cannot be met at the present time." Our JOURNAL has a great responsibility here and can help us to develop in this way and "promote the ethical standards in *all* the relations of the nursing profession."

Nurses in general do not know the progress women have made; for instance, in Australia and New Zealand, where they have political equality, and in England, where they have all rights with men except the vote for members of Parliament. It is for this one thing that they have worked so hard recently. I certainly do not wish to see in America such a demonstration as they had in London, but it would be well if we had more of the stability of purpose that has characterized the English women's campaign.

Plymouth, Mich.

ADA M. SAFFORD.

II

DEAR EDITOR: I wish to express satisfaction at the attitude taken by you in regard to woman suffrage. I think the subject of suffrage or political equality should have no place in a magazine devoted to *nursing*, and the action of the convention should be commended.

Have you space for President Roosevelt's admirable letter in regard to this matter?

Always appreciating your excellent magazine, I am

Very sincerely,

Princeton, N. J.

BESSIE LOUISE DICKSON.

PRESIDENT ROOSEVELT'S LETTER

The letter was not written for publication, but was read with the writer's permission in the course of an address on "The Assault on Womanhood." The letter, which is dated November 10, 1908, says:

"Personally, I believe in woman suffrage, but I am not an enthusiastic advocate of it, because I do not regard it as a very important matter. I am unable to see that there has been any special improvement in the position of women in those states in the west that have adopted woman suffrage as compared with those states adjoining them that have not adopted it. I do not think that giving the woman suffrage will produce any marked improvement in the condition of women. I do not believe that it will produce any of the evils feared, and I am very certain that when women as a whole take any special interest in the matter, they will have the suffrage if they desire it.

"But at present I think most of them are lukewarm: I find some actively for it, and some actively against it. I am for the reasons above given rather what you would regard as lukewarm or tepid in my support of it, because while I believe in it, I do not regard it as of very much importance.

"I believe that man and woman should stand on an equality of right, but I do not believe that equality of right means identity of function; and I am more and more convinced that the great field, the indispensable field, for the usefulness of woman is as the mother of the family. It is her work in the household, in the home, her work in bearing and rearing the children, which is more important than any man's work, and it is that work which should be normally the woman's special work, just as normally the man's work should be that of the bread-winner, the supporter of the home, and if necessary, the soldier who will fight for the home.

"There are exceptions as regards both man and woman; but the full and perfect life, the life of highest happiness and of highest usefulness to the state, is the life of the man and woman who are husband and wife, who live in the partnership of love and duty, the one earning enough to keep the home, the other managing the home and the children."

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

THE MEETINGS OF THE NATIONAL SOCIETIES FOR 1909.—At a joint meeting of the officers of the Nurses' Associated Alumnae and the Superintendents' Society held early in January, the general plan and program for the meetings next spring in Minnesota were agreed upon. It is the year for the regular meeting of the united societies in the Federation of Nurses, and for reasons of greater convenience to members the date has been set in June instead of May.

Monday, June 7. Superintendents' Council and business meetings.

Tuesday, June 8. Superintendents' Society regular program.

Wednesday, June 9. Meetings and program of the Federation of Nurses.

Thursday, June 10. Associated Alumnae regular program.

Friday, June 11. Associated Alumnae regular program.

The subjects of state examining boards and other important business will have place on Thursday afternoon.

A full announcement of program and details will be published next month.

THE EXECUTIVE COMMITTEE AND COUNCIL.

THE ASSOCIATED ALUMNAE.—At a meeting of the Executive Committee of the directors of the Associated Alumnae, held in New York on January 4, the date of the meetings of the twelfth annual convention of the Associated Alumnae in Minneapolis was fixed for June 10 and 11, following those of the Superintendents' Society and the Federation, as announced above. The following associations were accepted to membership: The Cincinnati Hospital Alumnae Association, Cincinnati; St. Joseph's Hospital Alumnae Association, St. Paul; Graduate Nurses' Association, Lafayette, Indiana; Graduate Nurses' Association, Indianapolis.

In response to inquiries which have been received, the announcement is repeated that the chairman of the Programme Committee is Agnes G. Deans, 193 Frederick Street, Detroit, Mich.

SARAH E. SLY, Secretary.

STOCKHOLDERS MEETING OF THE AMERICAN JOURNAL OF NURSING COMPANY

AT the annual meeting of the stockholders of the AMERICAN JOURNAL OF NURSING COMPANY held in New York City on January 21, directors for the coming year were elected as follows: Lila Pickhardt, Chicago, Ill.; M. A. Samuel, R.N., New York; M. M. Riddle, Newton Lower Falls, Mass.; M. A. Nutting, R.N., and Annie Damer, R.N., New York.

At the meeting of the directors the following day the officers were re-elected: Miss Damer as president, Miss Samuel as secretary and Miss Riddle as treasurer.

NEW HAMPSHIRE.

Concord.—THE CONCORD DISTRICT NURSING ASSOCIATION, in its ninth annual report, gives an interesting account of the work done in that city by a

small association consisting of two graduate nurses and two pupil nurses from the senior class of the New Hampshire State Hospital. The latter serve for three months at a time, do good work, and feel the value of the service. The head nurse is Annie R. Moore, a graduate of the Boston City Hospital, the Philadelphia Lying-in Hospital, and the Boston Instructive Visiting Nurse Association. The nurses care for not only the poor but for those of moderate means, when they have time to do so, charging according to the patient's ability to pay. Those who are unable to pay anything are given the best of care, and if there are more calls than can be answered, the charity cases are given the preference. Every physician in town has employed the visiting nurses during the past year. A visiting committee, composed of eight women who are residents of Concord, supplements the nurses' work. These women have regular districts assigned them, and they visit all cases referred to them by the nurses. A diet kitchen and a flower mission, separate organizations, co-operate with the district nurses. The Boston and Maine railroad furnishes free transportation on the street railway for the nurses when engaged in their work. The hours of the nurses seem rather long, they are given in one place as from 8 A.M. to 7 P.M., in another place until 6 P.M. Night calls are answered, and important cases are visited on Sunday.

MASSACHUSETTS

Boston.—THE MASSACHUSETTS GENERAL HOSPITAL ALUMNÆ ASSOCIATION held its regular monthly meeting in the Thayer Library, December 29. A birthday party will be given soon for the purpose of raising funds for establishing a sick benefit fund. A social hour and refreshments followed the business meeting.

AT THE BOSTON CITY HOSPITAL NURSES' CLUB New Year's social, January 5, Miss Drown read a letter from Dr. Rowe, whose resignation as superintendent of the hospital has just taken effect, in which he regretted his inability to be present, and thanked all the nurses of the training school for their interest and co-operation in the work of the hospital during the years in which he had been its superintendent.

SUSIE W. GRAY, class of 1906, Rhode Island Hospital, who has been for some time in California, has returned and intends to do private nursing in Boston. Agnes M. Gaul, St. Elizabeth's Hospital, has just patented a useful device known as the care-free umbrella clasp.

Newton Lower Falls.—TRUSTEES OF THE NEWTON HOSPITAL announce that the efforts of the charity workers of Newton to remove the debt of \$19,000 which accrued from the care of worthy poor cases during last year, have resulted in a subscription fund of \$21,700. In addition to this, \$12,000 was raised by the churches of Newton on Hospital Sunday, several weeks ago. One of the prominent givers to the fund was Mrs. Mary Baker G. Eddy, who sent a personal check for \$500. The surplus above the actual indebtedness will be applied to the care of worthy poor cases during the coming year. The Newton Hospital is one of the most splendidly equipped and administered of the institutions of its class, with a capacity of something more than a hundred beds. A district nursing force for all the Newtons is centred there, and provision for the care of tuberculous patients is being developed under the direction of the superintendent, Mary M. Riddle.

Brookline.—IDA M. LEWIS, a graduate of the Boston City Hospital, has been appointed school nurse for Brookline. She is the first to hold this position, and commenced her duties on January 4.

Brighton.—THE BRITHELMSTONE CLUB is providing a graduate nurse for district work in this city. For three months the work was done by Ethel Kee, a Newton graduate. Since September, Grace Marion Prue has combined the work with her own private visiting work, and has made 532 calls for the club.

Worcester.—THE WORCESTER CITY HOSPITAL ALUMNÆ ASSOCIATION held its annual reunion on June 12, 1908, from 5 to 10 P.M., having a box luncheon, followed by dancing. There was a good attendance.

Charities tells of a plan carried out in Worcester and vicinity by which the state and the factory owners share together the cost of caring for patients with tuberculosis in the incipient stage, who are factory employees. These are cared for at first in the Rutland Sanatorium and are then transferred to boarding places and farm-houses which are under careful inspection. Three homes for advanced cases of tuberculosis are to be opened in Massachusetts in May, and others later, until complete provision for the care of all cases, early or advanced, is made.

CONNECTICUT

Hartford.—HARTFORD HOSPITAL TRAINING SCHOOL.—On December 9 a fair was held at the residence of the Hartford Hospital to raise funds for books required in the training school library. Under the supervision of the principal, Miss Sutherland, and the head nurses, committees comprising the whole school managed the arrangement and decoration of the different booths. Fancy work of all kinds, flowers, paper articles, dolls, and tempting refreshments were sold very readily during the afternoon and evening, so that the auction sale of remaining articles did not burden unduly the members of the visiting and house staffs who bid with a praiseworthy determination to see the affair through to a finish. With the signal to the orchestra for dance music the floor was cleared of booths and tables, and the strenuous day ended with congratulations upon the success of the fair, both socially and financially. The receipts amounted to \$550 which will yield, expenses paid, about \$425 for library books. The school has at present a reference library of about 300 books, the money for which was earned by the nurses at a fair held several years ago.

NEW YORK

New York.—THE MEETINGS ON NURSES' DAY, held in connection with the tuberculosis exhibit in New York, had a fairly well-attended afternoon session, and a crowded house in the evening. Miss Damer presided. There were excellent papers, but little free discussion. Dr. Alex. Miller, in his paper entitled "Preparation for Social Service," described the nurses' work as being "a mission of friendliness," and the nurse, as "a director of human souls."

THE PRESBYTERIAN HOSPITAL ALUMNÆ ASSOCIATION has received, since the death of Dr. A. J. McCosh, \$25,000 for its benefit fund, to be known as the Andrew J. McCosh Endowment Fund.

THE ST. LUKE'S HOSPITAL ALUMNÆ ASSOCIATION held a meeting on the evening of January 5 to which the graduating class was invited. Owing to heavy rain, the attendance was small. Interspersed with music and dancing were short talks by Annie Damer, Jane A. Delano, Jane Elizabeth Hitchcock, Annie W. Goodrich, and Sophia F. Palmer. The alumnae association has contributed \$25.00 toward the current expenses of the Hospital Economics Course. The eleventh annual report of the association, just at hand, gives fully

all information in regard to the society, its officers, members, finances, registry, etc. The president of the association is Isabel Lount Evans; the secretary, Mrs. Hugh Reid Jack, 909 Avenue St. John. The society has a membership of 177 active, and 15 life and honorary members. The registry has a membership of 110, and received 1044 calls during last year.

ST. LUKE'S HOSPITAL TRAINING SCHOOL held graduating exercises on the evening of January 11 in the chapel of the hospital, the following nurses receiving diplomas: Victoria L. Armstrong, Maude Barnes, Alice J. P. Blanchard, Katharine H. Brooks, Evelyn Carling, Mabel Clarke, Grace I. Cooke, Gertrude De Voe, Ivy M. Dow, Elizabeth A. Faircloth, Katharine E. Forry, Jean A. Frantz, Jane M. Frazier, Olive F. Garland, May S. Gould, Emily R. Gulick, Caroline K. Hewes, M. Joyce Lewis, Helen M. Manchester, Mary D. Marsh, Mary M. McDougall, E. Florence McLean, Helen E. Messer, Alice M. Metcalf, Winifred S. Moody, Louise A. Nelson, Sarah J. Patterson, Edith Phalon, Weenie H. Pogose, Annie M. Slater, Margaret Small, Isobel Stanbrough, Dora M. Stout, Grace Swartfiguer, Helen M. Thompson.

THE WOMAN'S HOSPITAL, in a handsome little pamphlet, gives a brief outline of the history of the work of the hospital, and makes an appeal for gifts for current expenses.

LUCY BANNISTER, a Bellevue graduate, has been appointed executive secretary of the Woman's Department, National Civic Federation. Dr. Mary McMillan succeeds her in the welfare work at the Westinghouse Lamp Company.

Brooklyn.—THE KINGS COUNTY HOSPITAL ALUMNÆ ASSOCIATION held its annual meeting at the nurses' home on January 12, with a large attendance. The following officers were elected for 1909: president, Miss Page; vice-presidents, Miss Nichol and Miss Read; secretary, Miss M. O'Donnell, treasurer, Miss Treadway. Owing to the absence of the newly elected president, no other business was taken up.

Saratoga Springs.—THE ALUMNÆ ASSOCIATION OF THE SARATOGA HOSPITAL held a meeting on January 7 in the nurses' reception room at the hospital. Plans were discussed for raising funds for the current year. After the meeting refreshments were served by Anna Schulze, superintendent of the training school, and Carrie M. Eighmey, president of the association. The school will be represented at a "Cosmovilla" given by the alumnae association of St. Luke's Hospital, Newburgh, N. Y., by a doll dressed in the uniform of the school, contributed by the alumnae association.

M. M. Moss, R.N., class of 1903, Saratoga Hospital, is head nurse at the Royal League Sanitarium, Black Mountain, North Carolina. M. J. Goodall, R.N., class of 1904 has a position in Dr. Bull's Sanitarium, New York City. N. I. Crandall, R.N., class of 1905, is in charge of the surgical corridor of the Presbyterian Hospital, New York City.

Rochester.—SOPHIA F. PALMER, R.N., editor-in-chief of the JOURNAL, spent part of January on a tour of visits, being the guest of Mabel Wilson at St. Luke's Hospital, and of Annie W. Goodrich at her home, in New York; of Mary M. Riddle at the Newton Hospital; and Lucretia S. Smart at the Boston Relief Station; and of Mary E. P. Davis, in Philadelphia. She has spoken informally before half a dozen groups of nurses in New York, Boston and Philadelphia.

NEW JERSEY

Orange.—THE ORANGE BRANCH OF THE GUILD OF ST. BARNABAS FOR NURSES, through the secretary-general of the guild, Mrs. Annie H. B. Howe, wishes to express its thanks and appreciation for all the help received from so many nurses all over the country for the dolls dressed and sent to the sale for the benefit of the sick fund for nurses.

THE VISITING NURSES' SETTLEMENT is giving a series of talks on home nursing, at the St. Cloud Parish House, Presbyterian Church, West Orange. The two in January were on the sick room and baths. The dates and subjects ahead are:

February 5, 3 P.M. *a.* Bed-sores, cause, prevention and cure. *b.* Practical demonstration in poultice making, fomentations, and other applications. Miss Bouldin.

February 13, 3 P.M. *a.* Sick room cooking. *b.* Demonstration in the preparation of beef tea, broths, gruels, toast, etc. Visiting Nurse Settlement Dietitian.

March 5, 3 P.M. Emergencies. *a.* Circulation of the blood. *b.* Burns, poisons, fainting. Miss Bouldin.

March 19, 3 P.M. Tuberculosis. Preparatory talk to lecture. Miss Bouldin.

April 2, 8 P.M. Crusade against great white plague. Mr. James B. Williams, Executive Secretary, Anti-Tuberculosis Committee.

April 16, 3 P.M. Care of contagious cases. Miss Bouldin.

April 30, 3 P.M. What a young girl ought to know. Miss Bouldin.

May 6, 3 P.M. Talk to young mothers. Care of infant, clothing, food, etc. Miss Bouldin.

The Visiting Nurses' Settlement issues its eighth annual report from which a good idea of the various kinds of work accomplished by it can be gathered, a headquarters for visiting nurse work, an opportunity for graduate work in this line, a first aid room, a milk dispensary, a branch diet kitchen, and neighborly festivities in the form of Thanksgiving baskets and a Christmas tree. The problem to be faced is that which presents itself to so many hospitals and philanthropic institutions just now—increased calls for help and decreasing support by the charitably minded, on account of the recent hard times. It is to be hoped that so good a work may not seriously suffer from lack of funds. The head worker is Honora Bouldin, graduate of the Philadelphia Hospital.

PENNSYLVANIA

Philadelphia.—THE NURSES' ALUMNÆ ASSOCIATION OF HOWARD HOSPITAL at the October meeting elected officers as follows: president, Florence Biddle; vice-president, Hettie MacNab; treasurer, Viola Woodward; secretary, Mrs. Leslie K. Roller. Twenty-two candidates were elected to membership, and a new constitution and by-laws were adopted. Regular monthly meetings will be held the first Tuesday of each month, at 3 P.M., at the Howard Hospital.

JEANNETTE S. LYON, class of 1899, Episcopal Hospital, has accepted a position on the staff of nurses of the Chicago Tuberculosis Institute.

Pittsburg.—ELIZABETH B. REID has resigned her position as directress of nurses of the Western Pennsylvania Hospital, and will sail for Egypt the middle of February to take a position in The American Hospital, Tanta.

DISTRICT OF COLUMBIA

Washington.—THE NURSES' EXAMINING BOARD of the District of Columbia will hold examination of applicants May 3 and 4, 1909. All applications must be in before April 15. Apply to the secretary.

KATHERINE DOUGLASS, Secretary,
320 East Capitol Street.

THE GRADUATE NURSES' ASSOCIATION, at the January meeting held at the Occidental Hotel, discussed with much interest the plan of starting a club-house. Margaret J. Thompson and Katharine Vincent were appointed to confer with the presidents of the various *alumnæ* associations of the city in regard to the advisability of concerted action. A letter from Susan Higgins, a charter member of the association, missionary nurse in Wu Chang, China, was read. Reba J. Taylor was appointed delegate, Peron Jennings, alternate, to the Associated *Alumnæ*. A talk was given by Eugenia Bray, secretary of the Association for the Prevention of Tuberculosis, who told of its work and plans. Nurses may help by giving publicity to its work, arousing interest which will result in contributions from new sources.

THE AMERICAN NATIONAL RED CROSS SOCIETY, at its meeting held last November, decorated Elizabeth M. Hewitt and J. Beatrice Bowman both of the Nurse Corps, United States Navy, with a service bar for volunteer work done under the Red Cross at Hattiesburg, Miss., after the cyclone of last spring. The bar is of bronze and on its face are the words "Hattiesburg, 1908." The net proceeds of the sale of Red Cross Christmas stamps in the District amounted to something over \$2000. The money will be used to improve the grounds for a day camp for incipient tuberculous patients, to buy reclining chairs, and hammocks, etc. The Red Cross Society keeps this camp open from April till January on the grounds of the Tuberculosis Hospital, Fourteenth Street, extended.

THE REGISTRY COMMITTEE determined recently that, beginning with January 1, only registered nurses can be members of the Central Registry. Nurses who make application for examination in May will be admitted to membership now.

LOUISA C. LIPPETT, graduate of the Protestant Episcopal Hospital, Philadelphia, has been engaged to give instruction in massage by the Garfield Memorial and Columbia Hospitals.

FREDRICKA BRAUN, R.N., graduate of Columbia and Children's Hospitals, has been appointed school nurse for three months. The appointment was made through the efforts of the Instructive Visiting Nurse Society, not by the health officer, as previously stated. This move is an experiment, by which the society will endeavor to prove to the Commissioners and the Health Department the wisdom of the nurse as a permanent factor in school work. Miss Braun is peculiarly fitted for the position, having had a wide experience in district nursing. She will work in four schools in the southwest section of the city, two white and two colored. She will visit the homes of the pupils attending these schools. She will live at the Visiting Nurses' Home.

DEDICATION EXERCISES OF THE A. LISNER MEMORIAL BUILDING of Georgetown University Hospital were held in the new building on January 14. Addresses were delivered by the Rev. Joseph Himmel, S.J., president of the university; Dr. S. S. Adams, and Dr. George Tully Vaughan. After the exercises

Mr. and Mrs. Lisner held a reception in one of the large halls of the building. The new wing is of red pressed brick, five stories high, including the basement. In the basement is a kitchen for the entire hospital and a large dining room for the sisters and nurses. On the first floor there is a ward and a fine clinical laboratory. On the second floor two wards. The entire third floor is given up to one ward, as is the fourth also. This new building will accommodate sixty patients. The building will be equipped with modern surgical and medical appliances. The exposure is southern, with an outlook over the Potomac. The cost was \$20,000. Mr. Lisner's benefactions have taken many other directions in this city. Dr. Kober, dean of the medical faculty of the Georgetown University, said: "I have never appealed to Mr. Lisner for a worthy cause or charity in twenty years that he did not respond."

MARYLAND

Baltimore.—THE BARNARD AND BIEDLER AND SELLMAN ALUMNÆ ASSOCIATION held a gift sale on December 2 at the hospital, the proceeds to go toward furnishing an alumnae room. The rooms and corridors were tastefully decorated, there was music, fortune telling and refreshments. Bertha Austin was chairman of the committees, each of which did excellent work. Miss Burling, superintendent of the training school, lent her aid in various ways. The proceeds amounted to more than \$350.

LUCY SHARP, Johns Hopkins, class of 1892, and at a former time superintendent of nurses at the Church Home and Infirmary, Baltimore, has again taken this position. Miss Tousey, class of 1908, is with her. Mrs. Sanger, class of 1893, has taken the position of resident nurse at the Baldwin School for Girls, Bryn Mawr, Pa. Minnie MacInnis, class of 1896, has been made one of the tuberculosis nurses of the Instructive Visiting Nurse Association. Edith Maderia, class of 1900, has been made superintendent of the Instructive Visiting Nurse Association of Harrisburg, Pa. Miss Van Blarcom, class of 1901, has resigned the superintendency of nurses at the Maryland Tuberculosis Sanitarium at Sabillasville. Miss Rowland, class of 1906, who was associated with Miss Van Blarcom in the institution, has also resigned. Stella Sampson, class of 1904, and for some years assistant superintendent in the training school, has become assistant superintendent at the Post-Graduate Hospital, New York. Viola McLellan, class of 1906, until recently an assistant superintendent of the school, has been made superintendent of nurses at the Tuberculosis Sanitarium, Pittsburgh, Pa. Mary Frost, class of 1908, has been made head nurse of the medical ward of the Alleghany Hospital, Alleghany, Pa. Marie Gorter, class of 1897, has been made one of the school nurses of the city. Alice Donaldson, class of 1908, has taken charge of the ward for advanced cases at the Eudowood Tuberculosis Sanitarium, Eudowood, Md. Marian Watts, class of 1898, who has long lived in California, has organized in Santa Barbara a visiting nurse association of which she is president. Miss Frisbee, Emergency Hospital, Washington, late of the Visiting Nurse Association of Baltimore, is in charge of the work. Sylvia Maginn, class of 1908, has joined the staff of the Visiting Nurse Association in Chicago. Mrs. Hartridge, class of 1900, has been made superintendent of the Pine Heights Sanitarium, North Augusta, South Carolina. Vashti Bartlett, class of 1906, has returned to the United States after several months work for Dr. Wilfred Grenfell, in St. Anthony's Hospital on the Labrador coast. She is very

enthusiastic over the work done and still to do in the Far North. Miss Kennedy, class of 1903, remains in Labrador for another year's work and is also delighted with the life. Miss Keating, class of 1907, has gone up for a year, her expenses and a moderate salary having been assured by some ladies in Baltimore who are interested in Dr. Grenfell's work among the fishers.

VIRGINIA

STATE EXAMINATION QUESTIONS

Medical Nursing

1. What routine precautions should be observed when taking charge of a medical case or on admission of such patients into hospital wards?
2. In hemorrhage, due to gastric ulcer, what can the nurse do until the physician arrives?
3. For what complications (of sudden development) in typhoid fever should the physician be summoned?
4. Describe most important points to observe in care of pneumonia cases.
5. Outline carefully general nursing of any "bed patient."

Materia Medica

1. Name five precautions to be always regarded in administering medicine.
2. Define cholagogue. Give example, also average doses.
3. What is emesis? State by what means most readily induced.
4. Of what drug is strychnine the chief alkaloid? With what other maladies might strychnine poisoning be confused?
5. Describe emergency treatment in toxic effect of chloral.

Urinalysis

1. Describe briefly the structure and function of the kidneys.
 2. Is urea present in normal urine? What is urea?
 3. How may retention often be relieved without use of catheter?
 4. What care would you give to a case of enuresis in a child?
 5. Is specific gravity of urine specimens of diagnostic value in any case?
- What is specific gravity of normal urine?

Anatomy

1. Locate each of the following bones: femur, scapula, tibia, ulna.
2. Name different kinds of movements of which joints are capable. Describe each.
3. What is the diaphragm?
4. What is the aorta? Where situated?
5. What constitutes the alimentary canal?

Obstetrics

1. Mention some of the symptoms of pregnancy.
2. How may the probable date of confinement be calculated?
3. What are some of the complications of pregnancy?
4. What preparations should be made for delivery? At what stage should the doctor be called?
5. Describe care of patient during the first twenty-four hours of delivery.
6. In a case of puerperal sepsis what special precautions should be taken by the nurse?

7. Define puerperium, placenta prævia, meconium, colostrum.
8. State care of premature baby.
9. If a baby is to be bottle-fed, how many feedings would you prepare, and how much would you give in twenty-four hours from the third to the seventh day, from third to fourth week, sixth to eighth week?
10. What is the difference between vomiting and regurgitation?

Physiology

1. Locate and describe function of the liver.
2. What is the physiological action of the skin?
3. What is peristalsis?
4. Explain difference between secretion and excretion.
5. Describe, if any, the relation of brain to nervous system.

Infants and Children

1. What is artificial feeding? Give in detail the diet of a healthy infant two months old when deprived of breast milk.
2. How would you care for a child with eczema or other skin diseases?
3. With skilful care should a child ever develop thrush?
4. What is usually the cause of the common disorders among children?
5. Is ophthalmia always due to carelessness? When and how may nurses almost surely prevent its development?

Surgery

1. Why is modern surgery more successful than old time surgery?
2. What is an (a) aseptic wound? (b) Septic wound? (c) What measures should a nurse use to prevent the infection of a wound? (d) To render a septic wound aseptic?
3. Briefly describe nursing care of patient immediately after surgical operation.
4. Tell how you would (a) sterilize instruments before an operation; (b) clean instruments after an operation.
5. Describe the different degrees of burns. (a) How should a burn of the first degree be cared for until the arrival of the doctor?

Gynæcology

1. What are the chief causes of gynæcological diseases?
2. Give some results of carelessness in catheterization.
3. Name three medicated douches. (a) How prepared. (b) What strength, unless definitely ordered by doctor.
4. Give instruments and dressings used in a simple gynæcological treatment.
5. Give the general duties of an operating room nurse during operations, (a) to doctor, (b) to patient, (c) to herself.

Dietetics

1. Describe the process of digestion.
2. How do you prepare a beefsteak?
3. What class of foods should be excluded from a rheumatic diet, and why?
4. Mention the objections to a strictly milk diet.
5. How do you prepare an egg omelet? Coffee? Cocoa? Tea?
6. What cut of meat should you choose for making broth?

7. What are the chief ingredients in fruits? Name the easily digested ones.
8. Name the easily digested vegetables and how to cook them.
9. Give receipt for egg-nog, orange albumin, lemon albumin.

Contagious and Infectious Diseases

1. How is pulmonary tuberculosis communicated? Give precautions to prevent its transmission.
2. Give disinfection of room, utensils, patient, and nurse during and after contagious illness.
3. What complications should a nurse guard against in nursing diphtheria? Typhoid fever? Measles?
4. What are the indications in typhoid fever for removal of patient from the tub bath?
5. Give method for hot baths, vapor baths, mustard pack, and alcohol sponge bath.

WEST VIRGINIA

Wheeling.—THE ALUMNÆ OF HASKINS HOSPITAL met in the reception room of the training school on December 29 and elected the following officers for the coming year: president, Mary Mansfield; first vice-president, Mrs. Alice Ankrom; second vice-president, Elizabeth Healy; secretary, Vera Thompson; treasurer, Nellie Lally. Three new members were admitted, business discussed, and there followed a social hour with refreshments.

Huntington.—THE CABELL COUNTY BRANCH of the State Association met on January 5 with Miss Simmons, superintendent of nurses at Kessler Hospital. The attendance was small but a good deal of business was transacted. Officers were elected: president, Kathryn Gaul, C. and O. Hospital; vice-president, Naomi A. Simmons; secretary and treasurer, Mary Brady. Four new members were admitted. The report of the Committee on Constitution and By-laws was heard and approved. A standard charge for graduate nurses was discussed. It was decided to revise the membership roll, and each nurse is required to present her diploma or its equivalent on applying for membership. After the business session, the members were welcomed by Dr. Rader and Dr. and Mrs. Kessler, and a pleasant social hour was spent, refreshments being served by the pupil nurses of Kessler Hospital. The next meeting will be held in February.

NORTH CAROLINA

Charlotte.—THE CHARLOTTE SANITARIUM was opened to the public on December 9. It is located in a new fire-proof building, finely situated, and well equipped, both from the standpoint of comfort to the patients and of convenience in giving medical treatment. There is a fully equipped surgical department, a department for hydrotherapy, a fine sun parlor, and both rooms and wards, varying in price. The nursing service is under the supervision of E. Ethelyn Cherryman, a graduate of the class of 1907, Union Benevolent Association Hospital, Grand Rapids, and previously in charge of the Rotater Hospital, Oklahoma City. Twenty nurses are to be employed, eight of whom were on hand to begin the new work. It is not quite clear whether these are graduate nurses or pupils for a training school.

KENTUCKY

Louisville.—THE ALUMNÆ ASSOCIATION OF THE NORTON INFIRMARY held its regular meeting in the class room of the infirmary on December 16, twenty-

five members and one visitor being present. As this was the Christmas meeting, there was little business, and the members were invited to the nurses' home, where a surprise awaited them. The senior nurses had prepared a little play, "Mrs. Busby's Pink Tea," which was very cleverly acted, and all felt greatly indebted to Miss Gillette and her pupils. The actresses were later invited to join in the usual Christmas refreshments, egg-nog and black cake, served by the refreshment committee. At 8 P.M., Christmas Eve, in the nurses' home of Norton Infirmary, there came to view a huge Christmas tree, decorated with tiny electric lights, and holding many mysterious packages. As each nurse entered, she took a slip of paper from a plate held by the superintendent. This was the number of her present. After the distribution of gifts, there were refreshments and dancing.

MISSISSIPPI

Vicksburg.—A CLASS OF FOUR NURSES graduated from the Vicksburg Sanitarium, on December 16, after completing a three years' course. They were Miss Reeves, Miss Holyfield, Miss Jeffries, and Miss Carley. The east room of the sanitarium was prettily decorated for the occasion and the exercises consisted of a prayer by Dr. Hillhouse, addresses by Mr. B. W. Griffith (who presented the diplomas), Miss Howard, the head nurse, and Dr. Howard L. Weeks, and most enjoyable music.

ALABAMA

Tuskegee.—THE FIRST NEGRO CONGRESS ON TUBERCULOSIS was held during the third week of December, the burden of the week's meetings being the negro's fight against tuberculosis for the sake of both races. The closing conference included representation from the thirty local, state, and national welfare efforts centring at Tuskegee. It was planned that permanent tuberculosis committees be maintained at Tuskegee, Hampton, and Shaw, and other leading schools. February is set aside as a health month and efforts will be made to reach negroes in all cities and towns.

OHIO

Cleveland.—THE SECOND ANNUAL REPORT OF THE BABIES' DISPENSARY AND HOSPITAL is at hand, and like the first report is of absorbing interest. The work continues to grow and to be of greater value to the little babies of the city and to their mothers. The larger work hoped for in the erection of a babies' hospital is not yet in sight. The total visits made by nurses connected with the dispensary during 1908 was 8503. The milk deliveries are now made with a horse and wagon belonging to the dispensary, which also hauls all the ice used for cooling purposes, reducing the ice bills 50 per cent. The total number of patients admitted to the dispensary during the year was 1214. The mortality of these babies has been brought down to 8.8 per cent., and of those wholly in the care of the dispensary, to 1.15 per cent. In order to educate mothers whose circumstances do not warrant their coming to the dispensary, in preventive work, stereopticon lectures are being given in different languages at different churches.

MICHIGAN

Battle Creek.—THE ALUMNÆ ASSOCIATION OF THE BATTLE CREEK SANITARIUM AND HOSPITAL TRAINING SCHOOL, at a meeting held December 14, elected as officers: president, Mrs. F. A. Tyrel; vice-president, Leona Sweet; secretary,

Carrie Zahn; assistant secretary, Mrs. S. M. Baker; treasurer, Margaret Stewart.

Lansing.—PUBLIC HEALTH, issued quarterly by the State Board of Health, contains in its issue for October–December a suggestive and valuable article by Dr. John R. Haynes, of Los Angeles, on “Duty of Railroads in Transportation of Tuberculous Passengers.” Dr. Haynes suggests that all travellers afflicted with tuberculosis shall be carried in special trains, to be run several times a week, and to be specially equipped for their comfort and convenience and for the safety of the public, cars with leather upholstery, washable draperies, with compartments opening on a side corridor, each compartment to contain two berths, a water closet, not inclosed, and a basin with running water. Sputum cups of pasteboard are to be provided and each car is to be furnished with a stove for burning them. All meals are to be served from an accompanying dining car, but in the compartments, all dishes disinfected, and paper napkins furnished. It is suggested that a trained nurse accompany each train.

MINNESOTA

Minneapolis.—THE HENNEPIN COUNTY GRADUATE NURSES’ ASSOCIATION held its annual Christmas frolic at the club on the evening of December 23. All who could avail themselves of the opportunity were in attendance, including superintendents of the various hospitals of the city, visiting nurses, and others. The program of the evening consisted of fortune telling, contests with prizes, and a general social time. At an opportune time, a Christmas gift from the association in the form of a bright shining gold piece was presented to Dr. Marion A. Mead, registrar. As Christmas gifts to the nurses, the Lavis Chemical Company of Minneapolis, the Eisner-Mendelson Company of New York City, the Cystogen Chemical Company of St. Louis, Mo., the Horlick’s Malted Milk Company of Racine, Wis., sent various samples and souvenirs. In addition, Parke, Davis & Company’s representative was present and served a dainty ice made from Lactone Buttermilk Tablets. Other refreshments were served by the association. The January meeting was held on the 13th at the club-house. The January number of the lecture program was an instructive lecture on dietetics by Dr. R. O. Beard, of the University of Minnesota.

THE NORTHWESTERN HOSPITAL ALUMNÆ held its annual meeting January 5, and elected the following officers: president, Edith Gatzman; vice-presidents, Jessie Perkins and Mary M. Clark; secretary, Bertha Merrill; assistant, Lila Chute; treasurer, Stella Tennison; member of executive board, Edith P. Rommel.

THE CITY HOSPITAL ALUMNÆ ASSOCIATION held its annual meeting on January 8. A number of the City Hospital graduate nurses entertained a classmate, Mrs. Edwin Smith of Bermidji, at an informal luncheon on January 2.

THE SENIOR NURSES OF ST. BARNABAS’ HOSPITAL gave a banquet to the visiting staff and internes of the hospital on December 31, each nurse preparing a special dish for the dinner, the class having just completed a course in cooking.

THE ASSOCIATED CHARITIES has added two extra nurses to its visiting staff as a result of the fund raised on “Tag Day.” The field for this work in Minneapolis demands twice the number of nurses now engaged in it. Catharine Brown, who for several years has had charge of the George Christian tubercular work, has resigned her position and is succeeded by Elizabeth Sprague, R.N.

The duty of the nurse during the winter months is instructive work in the houses of the patients. Miss Brown is spending the winter months in the east. Ragnhild Grenager after spending a few months in Chicago has returned and is temporarily assisting the visiting nurses of the Associated Charities.

ILLINOIS

ANNOUNCEMENT.—The work of the Illinois State Board of Examiners of Registered Nurses has been delayed owing to lack of definite information regarding the amount of the treasurer's bond. This information has now been received from Springfield and the board is ready to receive requests for application blanks. These, with copies of the rules of the board, will be sent to nurses in the order in which the requests are filed with the secretary, Bena M. Henderson, 79 Dearborn Street, Chicago, Ill.

Chicago.—THE PEOPLE'S HOSPITAL graduated two nurses recently, Marie Swenson, and Pearl Ham. The new hospital is progressing slowly, and it is hoped to have it completed before long.

ISABEL McISAAC, former superintendent of the Illinois Training School, spent a few weeks in Chicago early in January and gave talks on hospital administration to the pupils of the Illinois Training School and Augustana Hospital.

EVA M. MACK and Zara Falls, graduates of St. Luke's, have given up their hospital work in Los Angeles. Orphea Birdsall has returned from Asheville and is intending to take up massage.

MINNIE STEWART, a graduate of Wesley Hospital, who has had two successful years of district nursing in New York City has gone to York, Pa., to organize district work there.

DR. FREDERICK TICE has issued a pamphlet entitled "The Tuberculosis Crusade" which gives a little history of the theory and treatment of tuberculosis as held in the past, the progress in recent years in better understanding of its care and prevention, and a description of the work being done by the Chicago Tuberculosis Institute, which is supporting seven dispensaries and one tuberculosis nurse.

INDIANA

Fort Wayne.—MRS. E. G. FOURNIER, superintendent of Hope Hospital, resigned her position on December 21 and returned to her home in Canada, to take up tuberculosis work in Muskoka, Ontario. She has been connected with Hope Hospital for ten years, and her departure is regretted by pupil nurses and members of the alumnae association, which she founded. These spent a pleasant evening with Mrs. Fournier on December 16, and presented her with a gold watch and fob. The alumnae assured her that they considered her the author of its principles, its leader in professional progress, and the inspirer of its ideals, and that they would try to keep alive these principles, especially those of unity and good fellowship among nurses. She is succeeded by Mabel Adams, Presbyterian School for Nurses, Chicago.

Indianapolis.—FORTY-TWO APPLICANTS took the state examination for registered nurses on November 18 and 19. There was one failure in hygiene, one in materia medica, one in gynæcology, five in physiology, sixteen in the care of children. The applicants who attained a general average of 90 per cent. or over were placed on the honor roll, they were: Elizabeth J. Hannon, Dona P. Pasco,

and Alice L. Smith, Evansville Sanitarium; Ruby Wilson, Epworth Hospital, South Bend; Mary S. Young, Jane Cassaday Training School, Louisville, Ky.; Kate K. Kinney, I. S. S. H. Hospital, Lafayette; Bernetha Smith, and Maude W. Decker, Marion Hospital, Elkhart; Maude Heath, and Anna M. McEachron, Reid Memorial Hospital, Richmond; Daisy C. Robinson, Aultman Hospital, Canton, Ohio; and Jessie B. Duncan, Philadelphia Hospital, Philadelphia.

NEBRASKA

Omaha.—THE NEBRASKA STATE ASSOCIATION OF GRADUATE NURSES has issued a report which contains a sketch of its history for the three years since its organization, a copy of its constitution and by-laws, and a list of its officers and members, with addresses. Meetings are held monthly, and the association is a member of the Associated Alumnae and of the State Federation of Women's Clubs.

COLORADO

Denver.—THE COLORADO TRAINING SCHOOL ALUMNÆ ASSOCIATION held its monthly meeting at the home of Sue Williams, one of the visiting nurses, in December. Each member brought gifts to be distributed among the poor children by the visiting nurses at Christmas. A pleasant social time was enjoyed.

Pueblo.—THE PUEBLO TRAINED NURSES' ASSOCIATION held its annual meeting at Minnequa Hospital, December 5, at which the following officers were elected: president, Mrs. W. O. Peterson; vice-presidents, Mrs. Meda Stevens, Julia E. Lide; recording secretary, Mrs. C. A. Black; corresponding secretary, L. A. Beecroft; treasurer, Amy S. Peakman; directors, the officers, and Elizabeth Gordon, M. J. Andrew, Nanna Clingan. During the past year the association affiliated with the City Federation of Women's Clubs. There are 24 members and 6 applications waiting. The directors decided to allow the private nurses to issue cards, the same form being used as last year. The City Medical Association has tendered the use of their room for the monthly meetings. A calendar is to be issued for the coming year.

CALIFORNIA

Salinas.—THE JIM BARDIN HOSPITAL graduated two nurses on December 30, —Margaret Lanigan and Blanche Tucker. This is the first class to graduate, and the hall where the exercises were held was crowded with citizens proud of their hospital and its nurses. Addresses were made by J. Henry Andresen, Dr. T. C. Edwards, and by the superintendent of the school, Theresa Ericksen, R.N. Dr. John Parker presented the diplomas, and Rev. B. D. Weigle, the pins, made from Miss Ericksen's design.

Los Angeles.—THE CALIFORNIA HOSPITAL NURSES' ALUMNÆ ASSOCIATION held its regular meeting on January 4, and elected the following officers for the ensuing year: president, Eva V. Johnson; vice-presidents, Mrs. E. P. Durbin, Laura Cochran; secretary, B. Gilbert; treasurer, E. Barbor. The yearly reports of the committees were given, followed by a social time. The following report of the 172 graduates is of interest: married, 47; died, 9; private nursing, 87; hospital positions, 15; superintendents of hospitals, 8; office positions, 2; district work, 2; other work, 2. Marie Johnston has accepted a position with the Southern Pacific Railroad Company as supervisor of hospitals in Mexico.

CANADA

Toronto.—MARY A. SNIVELY, on December 1, commenced her twenty-fifth year as superintendent of nurses at the Toronto General Hospital.

The Canadian Nurse begins the year 1909 in a new and attractive form, the editorial and business management having been separated.

The Toronto Globe says: "When it is said that Toronto's rich men do little relatively for charity's sake a few notable exceptions must be made to the statement. Probably no institution on the continent has a more generous friend than the Sick Children's Hospital has in Mr. John Ross Robertson. The hospital had rather a heavy overdraft at the New Year and Mr. Robertson sent along a check for \$10,000. Only a short time ago Mr. Robertson gave the hospital a nurses' school and home at a cost of at least \$135,000. His gifts to the hospital proper on capital account and for maintenance have never been totalled up, because no one save Mr. Robertson knows how much they have been, and he won't tell. It would not be surprising to learn that first and last the Sick Children's Hospital and the Lakeside Home have benefited to the extent of almost half a million from Mr. Robertson's admirable Santa Claus habit. That is a somewhat startling figure for our rich men to live up to. Doing good by stealth, as Mr. Robertson does it, has its disadvantages. It cannot be used as effectively in spurring on others as can the subscription-list method."

BIRTHS

At Denver, Colorado, a son to Mrs. Ardut, who was Elizabeth Waugh, class of 1902, County Hospital, Denver.

MARRIAGES

On November 21, 1908, at St. Louis, Mo., Magnolia P. Sookens, class of 1907, Provident Hospital, Chicago, to Evander Thomas Clark Buster. Mr. and Mrs. Buster will live in Chicago.

On December 29, 1908, at Evanston, Illinois, Eva E. Tibbs, class of 1906, Provident Hospital, Chicago, to John Porcius Faulkner, of Glencoe, Illinois. Mr. and Mrs. Faulkner will live at Walden University, Nashville, Tennessee, where Mr. Faulkner is professor of mathematics.

VIRGINIA SAWYER, graduate of Worcester City Hospital, to Frank C. Martin, D.D.S.

On October 31, 1908, at Brooklyn, Amy Estella Douse, class of 1906, Anna Jaques Hospital, Newburyport, Massachusetts, to Elmer Collin Cooper, of Monmouth Spring, Arkansas.

On December 15, Nellie Beatrice Armstrong, class of 1908, Hartford Hospital Training School, to James Cornelius Wilson, M.D. Dr. and Mrs. Wilson will live in Hartford.

In December, Ethel Soby, class of 1908, Hartford Hospital Training School, to Arthur H. Griswold, M.D. Dr. and Mrs. Griswold will live in Hartford.

On December 13, R. Belle Hinman, graduate of Wesley Hospital, Chicago, to Dr. Mitchell. Dr. and Mrs. Mitchell will live in New Vermont, Iowa.

DEATHS

At her home, Prince Edward's Island, of pulmonary tuberculosis, Christine Miller, class of 1894, Worcester City Hospital.

On January 2, suddenly, at her home in Southington, Connecticut, Louise Allen, class of 1904, St. Luke's Hospital Training School, New York City.

PRACTICAL SUGGESTIONS



A REMEDY FOR STIMULATING MOTHER'S MILK

At any time during the nursing period that the mother's milk begins to decrease in quantity, it will usually be increased at once if she will drink gruel made as follows: To one pint of boiling water add three level tablespoonsful of corn meal, one-half teaspoon salt, one heaping tablespoon sugar. Cook thoroughly, for at least one hour, then add two-thirds of a quart of milk. Stir and cook until the mixture bubbles to the top of the pan. Thin with milk. Give as necessary. Usually three glasses of this, warm or cold as preferred, in twenty-four hours is sufficient to aid the milk supply. A. B.

TO MOVE A PATIENT FROM ONE SIDE OF THE BED TO THE OTHER WITH PILLOWS

HAVE the patient lie on the back with knees flexed. With the right hand, lift the patient enough to place one pillow under head and shoulders, with the closed end of the pillow on the side toward which the patient is to be drawn. Then, with the left hand under the hips, lift the patient enough to place pillow under the patient with the right hand, having the closed end on the same side as the first pillow. Taking hold of the two closed ends of the pillows, draw the patient. This method is practical in moving emaciated patients with tendencies to bed-sores.

E. W. S.

SOME of the instructions given to librarians for the cultivation of library handwriting would be useful to nurses in chart and record making. The following extracts are from a pamphlet on Library Handwriting, issued by the Education Department of New York State, sent us by Anna L. Alline, R.N.

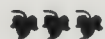
“The first requisite of a good hand is legibility. Particularly is this true in catalogues or records for public use. Uniformity is vital to neat appearance and has much to do with legibility. Ink should be protected from dust and from too free evaporation. The important feature of an inkstand is a reservoir of ink shut away from dust, light, and air, and feeding easily into a tiny dip cup for immediate use. (Miss Alline adds that such an inkstand gives less chance for upsetting.) The best work is usually done with a steel pen. Gold fountain pens with short

stiff nibs give admirable results and are of the greatest practical value. Trial will prove what kind suits the hand best. Fine pens are to be avoided, as the lines are trying to weak eyes and on dark days. A good steel eraser kept sharp is essential. Before an attempt is made to rewrite, the erased surface should be rubbed carefully with an ivory paper cutter. A good rubber ink eraser and a brush for removing the crumbs without soiling the paper by brushing off with moist fingers should be at hand. Circular or obliquely cut bar erasers are the best as their sharp edge admits application to a smaller surface of the paper. Blotting paper makes the best desk surface. Writing should not be blotted, but allowed to dry with the full amount of ink on the lines. Other things being equal, the more upright the letters, the more legible the writing. In writing sit squarely at the desk and as nearly upright as possible. Make a uniform black line with no shading. Have all writing uniform in size, slant, spacing, blackness of lines and forms of letters."

MR. RUDYARD KIPLING, in an address to the medical students of the Middlesex Hospital, England, made some statements which so nearly apply to nurses that they will be appreciated:

"Every sane human being agrees that this long-drawn fight for time is one of the most important things in the world. It follows, therefore, that you who control and oversee the fight, and you who will reinforce it, must be among the most important people. The world certainly insists on treating you as such. It long ago decided that you have no leisure that anybody is bound to respect. Nothing but extreme illness will excuse you in its eyes for refusing to help a man who thinks he needs you at any hour of the day or night. Nobody will care whether you are in your bed or in your bath, or at church or in a theatre. What little vitality you may have accumulated in your leisure will be dragged out of you again. In all time of flood, fire, famine, plague, pestilence, battle, murder, and sudden death it will be required of you that you go on duty at once, and stay on duty till your strength fails or your conscience relieves you, whichever may be the longer period. These are some of your obligations, and I do not think they will grow any lighter. It is required of you at all moments to save others. It is nowhere laid down that you must save yourselves."

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

THE LAPIDARIES, AND AUNT DEBORAH HEARS "THE MESSIAH." By Mrs. Elizabeth Cheney. New York: Eaton & Mains. Cincinnati: Jennings & Graham.

One of the little booklets that appears for a short season at Christmastime and then disappears like a modest flower that blooms at its appointed time and then withdraws from sight—these two little tales bound in one cover have their own little mission and those who are on the watch for reading-aloud material would do well to hunt the book up. The tales have no particular literary qualities to recommend them; but they are almost sure to engage the attention of a fidgety invalid and are likely to linger in the mind of such for a much longer time than is taken in reading them.

MEDICAL INSPECTION OF SCHOOLS. By Luther Halsey Gulick, M.D., Director of Physical Training, New York Public Schools, and Leonard P. Ayres, General Superintendent of Schools of Porto Rico, 1906-1908. Price, \$1.00 postpaid. Charities Publication Committee, New York.

This is the second work published by the Charities Committee acting for the Russell Sage Foundation. Medical inspection of school children and the kindred subjects that go with it, the introduction of the school nurse, the care of the teeth and eyes, and the treatment of minor ills are here reviewed and the history of the movement throughout the world is presented and compared with the work done in our country along these lines. The legal aspect of the work is discussed and the question of controlling authorities, Boards of Health and Education debated.

To all who recognize the increasing importance of guarding the health of school children and the control of the children themselves, the book is a most important help, especially toward solving the problem of educating the future citizen in the short eight years usually allotted to this work.

REFERENCE HAND-BOOK OF OBSTETRIC NURSING. By W. Reynolds Wilson, M.D., Visiting Physician to the Philadelphia Lying-in Charity Hospital, Member of the American Pædriatic Society, etc. Illustrated. 32mo of 325 pages. Flexible leather binding. Price, \$1.25. W. B. Saunders Co., Philadelphia.

Uniform with Beck's "Reference Hand-Book of Nursing and MacFarlane's "Gynæcology for Nurses," in smart red leather with the title lettered in gold, this little book will commend itself to all who like a pretty cover with good paper and printing inside.

Though condensed, there is something of everything pertaining to pregnancy, the management of labor, the care of the mother before, during, and after labor, and the care of the infant for the first months. Easily carried about, it is just the sort of book to be most useful for a handy reference.

DISEASES OF CHILDREN—FOR NURSES. By Robert S. McCombs, M.D., Assistant Physician to the Dispensary, and Instructor of Nurses at the Children's Hospital of Philadelphia; Assistant Physician to the Medical Dispensary of the Hospital of the University of Pennsylvania. Illustrated. Price, \$2.00 net. W. B. Saunders Co., Philadelphia.

This book embodies a series of lectures given to the nurses of the Children's Hospital of Philadelphia, the original notes for which have been considerably amplified by the author, the whole forming the present work which, beside treating of the nursing in children's diseases gives a good deal of attention to the diagnosis and treatment of the same. The book also includes infant feeding, therapeutic measures employed in childhood, treatment for emergencies, prophylaxis, and hygiene. It is profusely illustrated, many of the plates being colored.

BORDERLAND STUDIES. Miscellaneous Addresses and Essays Pertaining to Medicine, and the Medical Profession, and their Relation to General Science and Thought. By George M. Gould, M.D., Formerly Editor of the *Medical News*; *The Philadelphia Medical Journal*; *American Medicine*; Author of a series of Medical Dictionaries, Biographic Clinics, etc., etc. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

This volume is made up of reprinted essays gathered from a number of sources where they were practically inaccessible to the general reader. The happy thought which prompted the author to collect and present

these essays is to be commended, as they form excellent reading on the whole. One cannot help wishing, however, that Dr. Gould had been actuated by the æsthetic taste which permeates his writing as a whole, for a couple of chapters make hard reading. But he wishes to be recognized as a fighter as well as a poet and philosopher and so he brings in some very grisly matters and calls for help to do battle upon them. The subjects cover a large field and he skips from one to another with great intellectual agility, keeping the reader's brain pleasantly tickled with all sorts of novel suggestions about things presented with whimsical originality. There is much in the book here and there to conduce to a profound thankfulness that one is born in the later days of the world when the battle against "cold, darkness, and filth, these ancient enemies of our life and happiness" is gained. But he tells us that we have overdone things and pleads for more room, room for playgrounds, gardens, orchards, fields, and woods. Essay number nine, "Some Ethical Questions," particularly recommends itself to editors in general but particularly does the author sympathize with the editor of the professional journal. Chapter 13, "An Unknown Hero's Life," is the most touching narrative of a man's struggle for life against the most overwhelming odds. A man who from frost-bite, acquired while lashed to a wreck, lost his feet, all his fingers, one eye, and part of the vision of the remaining one. After nearly twenty years constantly recurring trouble with the scars of the original wounds, which continually break down, requiring fresh operations, this man is alive and is maintaining himself; but one must read the story to appreciate the man's struggle and Dr. Gould's sympathy with it.

The essay on the "History of the House" is the history of civilization in little, and is most charmingly told. Altogether the book is delightful but in the reviewer's opinion Chapters 4 and 5 treat of matters too terribly serious to be classed with the rest of the essays.

THE TELEPHONE AS A FACTOR IN THE TRANSMISSION OF DISEASE was recently made the subject of an interrogation in the English Parliament. In England the telephone service is a government affair, being conducted by the postal authorities. The question was brought up by an article by Dr. Allan, published recently in the *Lancet*, in which the statement was made that disease germs were found in one out of six public telephones. The Postmaster-General declares that none of the numerous devices for the prevention of infection of the transmitters has proved practicable, and that the only safeguard against infection is frequent washing.

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EDITORIAL COMMENT



PROGRESS OF STATE REGISTRATION

THIS season finds the nurses in eight states in the midst of legislative action. Three of the far western states, Washington, Wyoming, and Oklahoma, are making their first effort for state registration, and with bills excellently well drawn, containing the vitally essential points of a nurse board of examiners, recommended by the state association, with a minimum educational requirement of two years in the hospital.

In Oklahoma, the nurses have had the misfortune to lose the senator, Dr. Johnson, who was leading their bill. He died suddenly after the bill had passed the lower house, with only two opposing votes, and when it was on its third reading in the senate. His work had been so thorough and effective that the nurses leading the movement feel sanguine of its success, however.

Tennessee has presented a bill which was defeated in February, but which has been promised reconsideration.

It will be remembered that in West Virginia the board of examiners is composed entirely of medical men. Two members of this board, one the proprietor of a private sanitarium, and the other of an insane asylum, have put in an amendment to the bill, without the state association or the nurses being notified, so changing it in its most essential points that if passed it would make the bill practically worthless. The nurses are now working vigorously to defeat these amendments.

In Michigan, Pennsylvania, and Massachusetts, the nurses have gone forward undaunted, after a number of failures in each instance. In Michigan and Massachusetts, the bills as presented contain the essential features referred to above; but the Pennsylvania nurses have made concessions which, if the bill passes, will, in our judgment, be unfortunate for the profession at large.

In Massachusetts, some of the difficulties which confront the nurses are shown in the report of the secretary of the state association, given in the official department of this magazine. In addition to these impediments which amount almost to constitutional obstruction the nurses at their hearing on February 11 were met with open opposition from a group of physicians, led by Dr. Charles H. Cook, who presented an opposition bill which had practically for its motive the recognition of the Waltham School, calling for no definite educational qualification in the applicant for state registration, making it possible for a woman without hospital training to come up for examination; the board of examiners to be the board of medical registration, assisted by two discreet and loyal women who are to aid in conducting the examinations, no person to be eligible for such appointment who is not a graduate of a training school giving at least a two years' course in the theory and practice of nursing, no hospital requirements being designated.

Dr. Alfred Worcester, who is the father of the Waltham system, took the floor in defense of his own school, making an appeal to the Public Health Committee for justice which he claims is being denied the Waltham nurses by their exclusion from registration in the other states having laws. Ex-Governor Bates, who was in charge of the nurses' bill, asked Dr. Worcester if he did not think the combined wisdom of sixteen states worth more than his own and that of the physicians of South Framingham and Natick who are supporting the Waltham system. Both bills were defended by able medical men.

It would seem as if the nurses of Massachusetts are in advance of the medical profession in their efforts to secure as high professional standards as those obtaining in other states. No group of nurses in their efforts for registration have had to meet such bitter opposition from physicians of high standing.

When we speak of two years in the hospital as being one of the imperative requirements of a registration bill, we mean that two years is the minimum requirement, in other words, the very least that the state is willing to recognize as providing sufficient time in which to acquire the necessary knowledge and experience, and it is not to be interpreted that two years is recommended or that this requirement is in any way mandatory.

We have many times, since the period of registration commenced in this country, made the statement through these pages and personally that a state is much better without any law for registration than with one which legalizes too low or undesirable standards of education, or which is so drawn as to handicap nursing progress in any form. The

experience of states having secured bills confirms this judgment as time goes on, and we say again to those nurses who may fail, or who may choose to withdraw their bills if they are spoiled in their progress through the Legislature, that it is infinitely better to wait indefinitely for a good bill than to accept one that is not in its essential features desirable.

As we go to press, we learn that the Massachusetts nurses have again withdrawn their bill; and that the Washington bill has passed the house with 92 out of 95 votes, the only important amendment being the taking of the appointing power out of the hands of the nursing association and placing it absolutely with the governor. No opposition is anticipated in the senate.

THE NATIONAL CHILDREN'S BUREAU

THE Conference on the Care of Dependent Children which was held in Washington on the 25th and 26th of January at the call of President Roosevelt is universally hailed by thoughtful, progressive people as epoch-making in the course of civilization. Our readers can find ample reports of this conference in *Charities and the Commons*, and other public journals, and in the absence of space to reproduce adequately the details connected with it we shall limit ourselves to relating a little of the history of the beginnings of this movement, which must be of special interest and a matter of pride and gratification to nurses.

The conception of a National Children's Bureau in one of the federal departments of the government originated with a nurse, Lillian D. Wald, head worker of the Nurses' Settlement in New York City.

About three years ago Miss Wald, who had been much engrossed in child-saving movements, thought out the plans for a federal government department which should do for the child all that the agricultural department does for the country, and laid her idea before Mrs. Florence Kelley, who said, "I believe that you have a gold mine here." Mrs. Kelley then spoke to Dr. Edward Devine, and Dr. Devine wrote to the President, who immediately, with his accustomed energy, telegraphed for Miss Wald and Dr. Devine to go to Washington, and later gave the subject space in his message to Congress. In this way the movement for a National Children's Bureau arose.

Last year a bill was presented to Congress but did not come to a vote; this year it is to be presented again, and the conference unanimously resolved that the Bureau should be created and that the President should be asked to send a special message to Congress in its behalf.

At the dinner which closed the conference Miss Wald was requested to speak on the proposition: "Should there be established in one of the federal departments a National Children's Bureau, one of whose objects shall be the collection and dissemination of accurate information in

regard to child-caring work and in regard to the needs of children throughout the United States." Her speech was considered remarkably able, and impressed the men by its non-sentimental force. It is to be printed in the Congressional Record.

SOME USES OF CONVENTIONS

WE had recently the pleasure of spending the evening with a returned "immigrant," and though it is now half a year since her journey to the Pacific Coast, her face shines and her voice is full of enthusiasm when she speaks of it. "It has made me over," she declared, "that long trip, with all those nurses, all such fine women. I used to think my own school was the only one in the country worth caring for; now I am interested in all schools, and I feel a fellowship with every graduate nurse I meet. Then, too, I don't worry about little things as I used to. After spending several weeks in San Francisco, and seeing the courage and faith of those people, who lost in the fire everything they owned, I think I can face life with hope if they can."

This nurse is already planning to take her vacation the first week in June in order to go to Minneapolis, and she is inspiring others to do the same. She told us of plans being made by different groups of friends to meet and proceed by river, lakes, or overland to the convention, or to take outings together further west when it is over.

The greatest and best use of our national gatherings is the lifting of an individual above her narrow round of interests, giving her a broader outlook and deeper sympathies. A nurse can do far better work, wherever that work may lie, if she catches an occasional glimpse of nursing as a whole, with its noble army of workers; her own part may seem tiny, but it is a needed part of a splendid whole.

The convention in Minneapolis this year is threefold—the Superintendents' Society, the Federation, and the Associated Alumnae. Any nurse is welcome to attend any or all of these meetings; admission is not limited to delegates or permanent members. Every superintendent should plan to stay after her own special meetings for the others, and all delegates should try to reach Minneapolis in time for the Federation, and, if possible, for the Superintendents' Society, as our interests are one. For the benefit of the newest of our members we wish to explain once more that the Federation is simply a coming together of the two national societies. Its meetings are due once in three years, and last year was the appointed time, but as the superintendents did not wish to go so far west as California, it was deferred until this year.

June is a propitious month for our gatherings, for most schools have finished their year's work, and tired superintendents and head

nurses can take an outing with a free conscience; private duty nurses can plan their vacations for this season, and there could not be a more inviting gathering place than Minneapolis, situated as it is in the midst of lakes, several of which are actually included within its city limits. For those who can afford a longer outing, Yellowstone Park beckons, not so very much further on.

We wish to call attention of all officers of associations to the notices of the secretary of the Associated Alumnae which appear at the head of our news items. Much time and labor are saved national officers if such requests are promptly complied with.

It is hoped that on account of the Alaska Yukon fair, some reduction in railroad rates may be obtained.

The dates of the meetings are: Superintendents' Society, Monday and Tuesday, June 7 and 8; Federation, Wednesday, June 9; Associated Alumnae, Thursday and Friday, June 10 and 11.

Some of the subjects to be considered in papers and discussions are, in the Superintendents' Society: "The Nursing of Children," "Obstetrics," "Special Preparation for Private Duty," "Preparation of the Nurse for Institutional Work," "The Nursing of Contagious Diseases," and "Ethics between Training Schools;" in the Federation: "Moral Prophylaxis," "Infant Problems," "Almshouse Nursing," "Statistics of Number and Kinds of Social Service Work, in which Nurses are Engaged," "Reorganization of the National Societies;" in the Associated Alumnae: "Hospital Economics Course, the Work of Its Graduates," "Post-operative Care Without Drugs," "Hopeful Aspects of Tuberculosis," "District Nursing and How to Organize," "Supplying Nurses for People of Moderate Means," "The Nurse as an Anæsthetist."

THE TEMPERANCE QUESTION

THE temperance question has been transferred from being the absorbing topic of a few zealots to its rightful place as one of the moral problems of the nation. On every hand we hear it discussed, or read of it in new lights, rational and scientific, as well as religious. We have to thank the zealots for holding on so long in the face of discouragement and rejoice that at last communities and states are giving it serious attention.

At the meeting of the State Charities Aid Association held in Albany in early February, Mr. Choate, in his opening address, declared that to the curse of intemperance is due "most of the mischiefs and evils that fill our hospitals, our asylums, our prisons, and our public charitable institutions of every kind." Dr. Albert Warren Ferris, president of the State Commission in Lunacy, condemned the "moderate" use of alcohol unqualifiedly, and said that one-fourth of the insane men of the state

lost their reason through the use of alcoholic beverages. He declared that the greatest single factor in the production of insanity is alcoholism.

An interesting and unusual series of articles has been appearing in *McClure's Magazine*, December-February, on the alcohol question, by Dr. Henry Smith Williams. The first two dealt with the effects of alcohol on the individual organism and on the community. The last is on the scientific solution of the liquor problem. He shows why wholesale prohibition is impracticable and impossible and advocates such a system as has been tried in Sweden, beginning forty years ago, by which the business of selling liquor is placed in the hands of certain companies that pay regular salaries to their employees. No profits are allowed either to the company or its men, but surplus funds are spent in public improvements. The practical result has been that the number of distilleries has been reduced from 23,000 to 132 and the number of saloons in proportion to the inhabitants is something like 1 to 13,000, while in some places in America we have one to every 35 voters. England is working along these lines by the establishment of refreshment halls where social life and non-intoxicating drinks are provided, together with gymnasia. It is recommended that in this country play grounds and places of innocent recreation be increased, for it is not enough to prohibit harmful things; some substitute must be offered.

Dr. Williams lays stress on the fact that investigations have shown that the drinking habit is nearly always formed in youth, and that the man who does not taste liquor till his majority runs less risk of acquiring drinking habits in their worst form. He makes the startling statement, from statistics gathered at Bellevue, "that of 259 instances where the age of beginning to drink was known, four began before six years of age; thirteen between the ages of six and twelve; sixty between twelve and sixteen; and 102 between sixteen and twenty-one."

THE NEW JOURNAL BUREAUS

IN our September editorial department we announced the establishment of two departments in our business office which were to be developed—a directory for hospitals and nurses, and an agency for books of all kinds. These two departments are now in full operation. The aim of the directory is to bring into touch with each other, nurses seeking hospital positions, and hospitals in need of the services of experienced women. The department does not profess to recommend either party to the other; it collects certain information for the benefit of each, and puts them in touch in such a way that further details may be easily obtained. For instance, in the case of the hospitals, there can be given the size of the institution, the number of beds, of nurses, salary paid,

etc.; in the case of a nurse, the kind of position she is seeking, the experience she has had, the minimum salary she is willing to accept.

If a nurse has a legitimate reason for wishing to make a change, she can file an application with our office and secure an opportunity for advancement without disturbing her relations with her present board until she has definite work in view.

We quote a letter from a superintendent of a hospital as showing the effect of the agency in securing assistance.

"Again we are appealing to you, as your recent efforts in our behalf were so eminently successful.

"This time we are seeking an energetic, experienced and capable young woman for chief nurse in our operating room. Salary to be fifty (50) dollars per month and no calls at night except in extraordinary cases. Such other duties as deemed needful to be arranged by the superintendent of nurses. It is desirable that the vacancy should be filled at an early date.

"I insisted upon writing this myself in order to say what I did at the beginning and further, to thank you for sending to us two such splendid women. I only hope you may again succeed."

A moderate fee is charged, sufficient to cover the expense of the bureau.

THE BOOK DEPARTMENT

We would call the attention of our readers to the list of books published in the advertising pages in the back of this magazine, with rules for ordering them appended. This department is developing very satisfactorily and promises to be a great convenience to busy superintendents, and to nurses who are isolated from shopping centres. The same careful attention is paid to an order for one book as for a hundred. Books ordered need not be those included in the list mentioned, nor need they be nursing books. The prices are as low as if the books were obtained directly from the publisher. Miss Davis will be glad to furnish further information on request or to give advice on the choice of books.

JOURNALISTIC COURTESY

Not only professions, but almost all trades, are governed in their mutual relations by written or unwritten laws. In no occupation are rules of courtesy more strictly drawn or more generally observed than in journalism.

We have frequent evidence that some of our contributors and other journals disregard some of these established customs. We give a few of the points disregarded, believing that it is ignorance rather than wilful intention that brings such slips.

First, an article sent to one magazine for publication should not be

sent at the same time to another, or sent afterward, unless definitely refused by the first. No journal of good standing offers to its readers as original material anything which is known to have appeared elsewhere; if quotations are made of either a whole or part of an article, due credit is given to the first publication, and never more than a few paragraphs are quoted unless permission has been obtained.

When an article published has been first read in the form of a paper before some association, that fact is always stated in a foot-note. When a society has an official organ of its own, or uses another magazine in that way, the recognized journal should receive the first and fullest reports of proceedings.

CURRENT LITERATURE OF INTEREST TO NURSES

WE were asked recently by a JOURNAL reader to suggest articles appearing in current literature which it would be of interest or benefit to nurses to read. This we are happy to do and give a partial list here of the good things that have been appearing. We shall try hereafter to make this a regular feature of Miss Scovil's department (Notes from the Medical Press), and by her aid can quote more extensively from medical literature.

McClure's, January: "The Mortality of Overweights and Underweights," Brandreth Symonds, M.D.; "Veronica and the Angelinos" by Caspar Day. (This is for those who love babies, and is delightful for reading aloud.) *McClure's*, February: "Work at the Rockefeller Institute," Burton J. Hendrick; "The Scientific Solution of the Liquor Problem," Henry Smith Williams, M.D.

The Century, February: "Dangers of the Emmanuel Movement," Dr. James M. Buckley.

The Ladies' Home Journal, February: "The Results of the Emmanuel Movement," Elwood Worcester, D.D.

Charities, January 23: "What Should a Probation Officer do for the Child?" Henry W. Thurston. All the recent numbers of *Charities* contain invaluable articles on child labor, too numerous to mention separately.

The Journal of the American Medical Association, January 23: "Tuberculin Treatment," E. L. Trudeau, M.D.; "Suggestion for the Treatment of Ophthalmia Neonatorum," Austin O'Mallay, M.D.; an editorial on "The Leprosy Problem in Hawaii," and "The Food Value of Meat Extracts and Meat Juices." January 30: "Night Camps for the Tuberculous," William Charles White, M.D.; "Acne;" an editorial on "The Pharmacology of Tobacco Smoke." February 6: "Anæmias of Infancy," John Lovett Morse, M.D.; "Deaf-mutism," Maury M. Stapler, M.D. February 13: "Individual Tendencies"; an editorial on "Dr. Wiley and Benzoate of Soda."

A VISIT TO THE DOCTORS MAYO, ST. MARY'S HOSPITAL, ROCHESTER, MINNESOTA *

By WILLIAM L. CONKLIN, M.D.

ROCHESTER, Minnesota, is a thriving town of about 6000 inhabitants. It is sometimes jokingly spoken of as "Mayotown" and there can be no doubt that the Mayo brothers have made the town famous and that much of the unusual business activity, for a town of that size, is due to the fact that many thousands of patients and doctors from all over the country come there every year—the patients to avail themselves of the skill of two of the greatest surgeons this big country has ever produced, and the doctors to see for themselves some of the work which has made these men famous, and about which nearly every doctor in this country and in Europe has read more or less. The situation in this western town is, in many respects, without a parallel, in this or any other country.

Nowhere else in so small a town is there a hospital in which so many operations are done in a year. Nowhere else, so far as I know, are there two surgeons in a town of that size who have become so widely known for their vast experience, great success, and for the pioneer work they have done in their profession. I might add that nowhere else, so far as I know, are there two surgeons who are not teachers in a medical college, yet who have the daily compliment paid them and their work of a visit of from twenty to thirty doctors from all over the country. It is hard, perhaps impossible, to fully account for the remarkable growth and success of the Mayo brothers' work. No doubt it is due in some degree to the fact that their father, now eighty years old, was a surgeon before them, and that they grew up in and with the great western country, with surgical cases increasing in number more rapidly than did competent surgeons to care for them.

But the men themselves are the great cause of their success. They are strong men—strong in brain and brawn—and indefatigable workers. Added to these traits, they possess to an unusual degree the simplicity of manner which belongs to and is one of the evidences of true greatness. They talk to the doctors about them in an easy, friendly way, always ready, even anxious, to impart knowledge, but never showing

Read before the nurses of the training school of the Jackson Health Resort, Dansville, N. Y., November, 1908.

egotism or assuming superiority. In watching them operate, one is impressed with their evident honesty and the conscientious and pains-taking character of all their work, never operating to the gallery, but always with the patient's best good as the supreme object of attainment. Their work is practically all done at St. Mary's Hospital, which is pleasantly situated just out of the town, and is conducted by the Sisters of Charity. A large addition is now being built.

The two operating rooms are on the top floor and are well lighted. In one corner of each room a sort of scaffolding or framework of gas pipe is built, onto which the twenty or thirty visiting doctors climb. The arrangement is such as to utilize the available room to the best advantage, but standing or sitting on gas pipe would become tiresome if there were not so much of interest to see. No one thinks of complaining, however, unless the man in front of him forgets and obscures his vision by standing up. The identity of the patients is absolutely unknown to those who witness the operations.

From eight in the morning till one, or about that, operations follow each other in quick succession. The aim is to begin the anæsthetic in one room while an operation is in progress in the other, but quite often both brothers are operating at the same time.

A pleasant room is provided for the doctors to wait in during the occasional intervals between operations. In this room is found a list of the operations for the day.

Graduate nurses, as well as physicians, are admitted to the operating rooms, but all other persons are excluded.

One of the unique features of the work at Rochester is the Surgeon's Club. All doctors who visit the clinic are expected to become members of this club. It meets every afternoon, in a pleasant room down town, and discusses for about two hours the work of the morning. Its officers are elected every week and include three censors whose duty it is to see that newcomers are eligible to membership and that they register and comply with the rules in and about the operating rooms.

A reporter is appointed for each operating room each day. They give a more or less detailed account of every operation and then discussion follows and questions are asked. In this work of the Surgeon's Club, as in all the work of the operating room and hospital, everything is done in a very systematic way and much more is accomplished than would otherwise be possible.

On the lower floor of the building in which the Surgeon's Club meets are the offices of the Drs. Mayo, and their partner, Dr. Graham, who has charge of all medical examinations and is one of the visiting

physicians of St. Mary's Hospital. There is a large corps of assistants, including specialists in almost every branch of medicine. This office is open all day and the Mayo brothers are there during all or a part of the afternoon.

I am told that there is an average of seventy-four new patients each day. One day during my visit there were one hundred and ten patients and their friends in the waiting room or large hall which is used for that purpose, beside those who were then in the various private offices. Most of the cases which come there from out of town are surgical in character, and the patients are given a thorough examination by the assistant surgeons before they are seen by the Mayos. Here, again, is evident the careful attention to detail and system which has much to do with the success and extent of the work accomplished.

During the five days I was at the hospital there were one hundred and ten patients operated on. Occasionally it would be found necessary to do two operations on one patient,—*e. g.*, the operation for gall-stones and an appendectomy—so that the number of operations actually done was somewhat more than one hundred and ten. On the busiest day there were thirty patients on the list.

Some of these operations are done by Dr. Judd, who assists Dr. Charles Mayo, or "Charlie" as he is often called. Dr. Judd is a very skilful operator and when the addition to the hospital is completed he is to have an operating room of his own.

Dr. William Mayo, who is the elder of the brothers, has as his chief assistant Sister Joseph, who is at the head of the hospital. She has filled this position for many years and in addition to what must have been a natural adaptation to the work, she has acquired, as the result of her many years of experience and thorough acquaintance with the methods and requirements of the great surgeons, a dexterity and knowledge which are truly wonderful. Indeed her help is so efficient that the doctor seems almost to be working with four hands instead of two. So familiar is she with every step of every operation, so far as the routine work goes, that the operator's wants are known as by intuition. Of course no two cases are exactly alike and emergencies frequently arise, but Dr. Mayo's brain is at work and directs both pairs of hands.

There are two other assistants in Dr. William's room and two, beside Dr. Judd, in Dr. Charles' room. Each has his or her appointed task, and so thorough is their knowledge of these tasks, so perfectly systematized is the work, that an occasional word or gesture from the operator is all that is necessary—indeed their wants are often recognized and supplied before they can make them known.

During the five days of arduous work I did not hear a single impatient word or see the least evidence of that which is sometimes noticed, but very undesirable in the operating room—hurry. These things which I did not see, as well as those which I did see, impressed me with the greatness and goodness of the men.

I will not go into detail in regard to the work done at St. Mary's Hospital, but will mention two or three operations which are indicative of the wonderful progress which is being made in surgery as well as in medicine and sanitary science at the present day. In these operations, which are being done almost daily by the Mayos, they have acquired special skill and are acknowledged authorities in questions pertaining to technic.

Dr. William Mayo has been very successful in the operation called gastro-enterostomy, which is done for the relief of obstruction at the lower or pyloric end of the stomach—usually due to malignant growth. In favorable cases the growth itself is removed together with a portion of the stomach and the results secured have been surprisingly good. In such cases the operation not only relieves suffering but is as well distinctly life-saving in character.

Dr. Mayo has also acquired remarkable skill in the operation for gall-stones and for the relief of the many surgical conditions to which the gall-bladder is subject. In 1907 he tabulated conclusions based on 2200 operations on this class of cases. But these are only illustrations of the many operations to which he has given years of thought and study and in which he has acquired unusual skill. I know of no better proof of this skill and of no more cheering fact in the annals of modern surgery than appear in the statement that in a series of 400 gastro-enterostomies, with removal of a part of the stomach, by Dr. William Mayo, the mortality was less than one per cent.

When we consider the seriousness of conditions for which this operation is done, and the difficult character of the operation itself, it is evident that these results represent one of the greatest triumphs of modern surgery.

Dr. Charles Mayo has made a special study recently of the various forms of goitre and with possibly one exception has had a larger experience with these cases than any other surgeon in this country or Europe.

In exophthalmic goitre, the form in which there is much systemic disturbance, with rapid heart and protruding eyeballs, surgery is effecting many cures where medicine failed. It is again most cheering to know that in a series of 200 cases, including many of the more serious

form, operated on this year, the mortality has been only one and one-half per cent.

The giving of an anæsthetic is a far more important part of an operation than is sometimes supposed. Great advance has been made in this as in other departments of surgery, and the so-called "stage of excitement," when the patient was partly anæsthetized, during which, if he happened to be a muscular man, he was expected to make things decidedly lively for all about him, is fortunately a thing of the past.

It is interesting to know that the anæsthetists in St. Mary's Hospital are trained nurses. The one who has had the largest experience, Alice Magaw, reports 14,000 anæsthesias without a single fatality. This is a record of which she may well be proud. The time is near at hand when every hospital will have its trained anæsthetists and it may be that this work will prove to be a new specialty for registered nurses, thus making still broader a field of work which is already crowded with opportunities for usefulness.

This is an age in which empirical and one-sided methods seem to flourish and in which there is evident a popular tendency to "swallow whole" the latest fad, whether medical or theological or theologico-medical (if I may be permitted to coin a word for the need of the hour), instead of obeying the apostolic injunction—"Prove all things, hold fast that which is good."

But it is an age, as well, of steady and most wonderful advance along the lines of scientific research and achievement, and nowhere else in this country is that fact more conclusively demonstrated than at St. Mary's Hospital.

HOW TO PREVENT TYPHOID FEVER

BY CHARLOTTE MANDEVILLE PERRY, R.N.

Superintendent of Nurses, Faxon Hospital, Utica, N. Y.

LIKE tuberculosis, typhoid fever has of late been made the subject of very special scientific study. It is a subject knowledge of which should be distributed as broadcast as the little germs which bacteriology has given us eyes to see lurking in the most unsuspected corners of our surroundings, even stalking forth in broad daylight on the persons of those who are active carriers of the disease. How many know that such persons bear these organisms about with them, not only in the mouth but on the hands "for months, even years?" The question is how we can join forces in stamping out the disease. This inquiry leads to an

investigation of the sources of contagion, and next, as to how it is transmitted—two very profitable things for the public to know, for, after all, very little can be done by the doctors and nurses, or by scientific effort, without the aid of the people. Merely to announce facts, startling as they are, is not sufficient; we must grapple with them; the people must be educated.

In the first place, a more wide-spread knowledge of these hosts in ambush would not come amiss; their manner of propagation, the means of overcoming them, and, having vanquished them, of preventing their return. Even if this involves collateral study in subjects like water supply, food, and hygiene, it is worth while to take the trouble because of the benefit to health in general.

Hardly a century has elapsed since Pasteur associated microscopic life with disease. Long and patient study had been devoted to these living organisms. Improved microscopes and culture media aided greatly. Present-day research, statistical reports of committees, doctors' records of cases, and the co-operation of health officers and of boards of health are bringing us some very real results of investigation. It now remains for the people, collectively and individually, to respond intelligently to what is thus laid before their consideration. One instance of this painstaking labor in behalf of the public good is the report of the Merchants' Association of New York, the title of which is "Pollution of New York Harbor as a Menace to Health by the Dissemination of the Intestinal Diseases Through the Agency of the Common House Fly." This report involved an immense amount of work on the part of the committee—work which should bear fruit in abolishing such "intolerable sanitary conditions" as were revealed by this almost herculean task.

Typhoid fever is called an enteric disease; but the fact that the germ is found in the blood (in some rare cases, not in the intestines at all), in the urine, and other secretions of the body, shows that it does not confine itself to its natural stronghold, the alimentary canal. It has been proved that drinking water is the great source of contagion. Milk and other foods are good media, not only for the typhoid bacillus but for other bacteria. That deaths have occurred from the sale of milk from homes which scarlatina has invaded is widely known. Whether individuals and communities are wide awake and conscientious about these facts is the important factor in arresting the spread of disease. In the *Albany Medical Annals* for April, 1907, one physician recommends frequent testing for the typhoid germ of water and milk, blood, urine and fæces of persons who have contracted the disease and of those

living in a suspected locality. He speaks of patients who have been discharged too soon from hospitals. To this might be added the starting in early with the use of disinfectants, or, as we say, with typhoid precautions, where there is the suspicion of prodromal symptoms. Certain disinfectants have been discarded, such as bichloride of mercury which hardens nitrogenous waste, forming a strong capsule around the germ, thus protecting it until it bursts from its prison house more vigorous than ever. This disinfectant also stains clothing. In regard to any chemical thus employed, information as to the mode of procedure should be gained—the kind used, and the strength of the solution, and the length of time, which the contagious material should be subjected to the same, are points essential to be known. Up to the present time, chloride of lime has been used for stools and urine. Directions are usually on the wrapper or the container, and the tendency is to use far more than is necessary. This and formalin solution, 1:1000, have steadily gained favor, the latter for clothes, dishes and utensils, outside the room of the patient. When this part of the disinfection must be done in the room, a 1:40 solution of carbolic acid may be substituted for it. A 1:20 solution will eat clothing and rubber, a fact not always known even to physicians, but that it is so will be seen after one or two washings of the fabric from its tearing easily and from the presence of holes. Another objection to carbolic acid is that it is expensive. All clothing and stools, etc., should soak two hours before the solution is thrown into the sewer or on the ground, especially if that be near a well, for, though its passage through the earth filters water to some extent, these microscopic germs are not thereby prevented from being carried into the well, or into running water used for drinking purposes, and this is likely to occasion an epidemic. There is no doubt that heat is to be the great germicide of the future in relation to typhoid bacillus. The efficacy of the above-mentioned disinfectants has been questioned. Massachusetts takes the lead in inventing apparatus which enables us to substitute heat for chemicals. It is thought that by isolating typhoid fever patients and by subjecting all contagious material to a sufficient degree of heat, in one form or another, this dread disease with its high mortality may be more certainly controlled, and the final disposition of all infectious material may not, through the sewers, be a menace to our water supply; also, that the germ may not be carried about generally by persons caring for the patient.

The different tests for typhoid bacillus are of interest; for water and milk there is the litmus test; for urine, the diazo; and for blood, the Widal. In preparing a specimen of any kind for microscopical

examination, a container which has been rendered sterile by boiling should be used, in order that the discovered germ may be traced to its true source. Specimens should be clearly labelled; in the case of milk or water, giving the source of supply, the name of the patient or community, the date, etc. It should be remembered that in a pathological laboratory there are many specimens awaiting examination.

In combating the fly, the removal of all putrefying substance is of great importance. Flies congregate near bodies of water, rivers, lakes, docks, etc. They are attracted to all decayed matter, both animal and vegetable, from contact with which they take up millions of harmful bacteria which they leave behind when travelling over a clean area. They are capable of inoculating the human body, and of contaminating food taken into the body. Knowledge of the habits and character of the fly should do more than fill us with horror. The warning thus given should be as the gauntlet thrown down, a call to open, energetic conflict. Every citizen has the right to demand the only remedy: community cleanliness, good sanitation.

SOME OF THE NEWER METHODS OF MEDICAL NURSING *

By GRACE ARNOLD KNIGHT, R.N.
Graduate of Roosevelt Hospital, New York City

As the head nurse of a medical ward in one of our large city hospitals came on duty one morning, an old Irishman beckoned to her, and with the air of one who had an important communication to make confided the fact that he thought it his duty to tell of the dreadful things that the night nurse did. Why, for one thing, she opened the windows to let the night air in, as if every one didn't know that you should never breathe night air. But that was not the worst thing she did—oh no! For she actually left some of the patients, and the sickest ones too, out of doors at night!

Poor Patrick's faith was sorely tried when he found that such dreadful practices were not only to escape condemnation but were to be highly commended; for it is by this method, known as the fresh-air treatment, that several of our foremost physicians are treating their fever patients, especially those with pulmonary diseases. Modern

* Read at the Eleventh Annual Convention of the Nurses' Associated Alumnae, San Francisco, Cal., May, 1908.

methods make medical nursing peculiarly interesting for the nurses, since so large a share of responsibility rests with them for the intelligent fulfilment of prescribed treatment.

Among the newer methods one of the most interesting, and certainly the most radical, is this fresh-air treatment. In some instances large balconies have been built, connecting with the ward, or, where it has been practicable, the roof has been utilized and the patients kept out of doors practically all the time, except in the most extreme weather, when a driving snow- or rainstorm has made it impossible to protect them. When the weather is warm enough, irrigations, packs, etc., and in some cases even tub baths are given out of doors. But as a rule the patient is brought in for any necessary treatment, and each morning for a bath and to have the bed made. In summer the bed-making is a simple task, but in winter it is a different matter, for the question of keeping the patient both comfortable and warm requires considerable thought. The weight of the bedding necessary to keep the patient warm is sometimes uncomfortable, and is always a matter for serious consideration in the case of patients who may be in bed some time. This difficulty may be largely overcome by a simple device in making the bed. Between the mattress and the rubber sheet is placed a large blanket, which, together with the ordinary bedding, is rolled up instead of being tucked in, and rests upon the sides and foot of the bed, thus making a roll several inches high to support the extra bedding. Over this any number of blankets may be placed, and tucked in firmly under the mattress. During the winter the patients have had extra woollen blankets between the sheets, and hot-water bags at their feet. Very excellent electric heaters are made for the bed, but owing presumably to the expense, they seem to be used but little. Some hospitals, however, are using these heaters for the babies' cribs, and find them very satisfactory, since by this means a uniform temperature may be maintained.

A very good protection for the head of the bed on windy days may be made with a draw-sheet, which is fastened to the top of the bed and pinned to the sides of the mattress, or a shawl may be wrapped about the patient's head and shoulders.

One thing which is very noticeable in the treatment at all our hospitals is the large amount of water used both externally and internally. Baths and irrigations of all kinds are more and more extensively used; and, especially in fever cases, a great deal of water is given the patients to drink. This last should be given with as much regularity as nourishment or medication.

In the care of enteric fever, the question of nurses becoming infected is a serious one. Recently a doctor at the head of a large institution in a middle western city, while visiting a New York Hospital, asked what proportion of the nurses there had typhoid, stating that at his hospital there was an average of one nurse infected to every thirty patients. In another large hospital, with a very active medical service, four per cent. of the whole number of nurses, or one in every twenty-five, have typhoid during their training. This, when compared with the experience of the leading schools, seems to indicate either great carelessness or surprising ignorance.

As evidence of the results of proper precaution, the case of one of the most prominent and up-to-date schools in New York may be cited. Though many cases of typhoid have been treated, for over a year and a half not one case of infection has occurred among the nurses. This excellent record is primarily due, it is believed, to the following methods in force: The nurses wear gowns which entirely cover their uniforms, and, in addition, rubber gloves are always used for irrigations, enemata, etc. These same precautions are used elsewhere with equally good results. With intelligent instruction to the younger nurses about the precautions to be used, and strict enforcement of rules, it does seem as if a case of infection need occur but rarely.

Year by year more attention is paid to diet, and the present-day nurse has need of a very thorough knowledge of dietetics. She must understand perfectly the preparation of food, and know how to vary the monotony where a limited diet is prescribed. There have been few radical changes of late in the realm of dietetics, with the exception of the achloride or "salt-free" diet for nephritics, which means the complete elimination of salt. To make food palatable and attractive for the patient is a task which requires much effort, and one where the responsibility rests entirely with the nurse.

In many cases, all nourishment given has to be carefully weighed, and an accurate account of the weight of the patient is kept. When large scales are not available, the following method of weighing bed patients has been devised. A standard bed is used, and the foot of the bed, with the patient in it, is lifted and rested on a block of wood, which is placed on the scales. The head of the bed is then weighed in the same manner, and the sum of these two weights gives a total to be used as a basis for determining comparative gains and losses.

The baking of rheumatic patients is a treatment which seems to be increasingly popular and conducive to excellent results. Several hospitals are equipped with very elaborate and complete apparatus for

this, and the extent of the treatment ranges from a single joint to the entire body. With each successive treatment the temperature and duration are increased, until from 300° to 350° Fahrenheit is reached and maintained for half an hour.

The newer methods have necessitated many changes in the work of the nurse, and have broadened her field in various directions. To enforce preventive measures is usually her work, and it is only with her hearty co-operation and loyal support that the physician can obtain his desired results. The present-day care of medical patients certainly affords many opportunities for satisfaction and pleasure to the nurse—to relieve pain, to reduce fever, to limit infection—this and much more has been made possible by the wonderful progress of the medical profession; and while we carry on our work and watch the splendid results of it all, we must needs agree with the patient who remarked that it surely is a marvellous thing, this “knowin’ whether to freeze ’em or to roast ’em,” in order to effect a cure.

THE CHANGING OUTLOOK OF NURSING

BY L. L. DOCK, R.N.

Not long ago a nurse of great experience in the management of registries said to me: “The progress of public hygiene and rural sanitation is making a vast change in private duty; it used to be that private nurses had an active service every fall in typhoid fever, because the people who had been away to the country would all come home and have typhoid; now this is entirely changed, and typhoid fever is almost unheard of, comparatively speaking. There is no doubt that sanitation, glad as we all are to have it, is lessening the work of private nurses, and some of them are having a hard time.”

My reply was: “They must be directed into lines of preventive work, for calls for that kind of duty are going to increase as rapidly, or more rapidly, than calls for typhoid fever and other filth diseases in the past.”

There is a great deal that is very suggestive in the above remark. It points to a change that is quietly but irresistibly coming over the prospects for the future of the trained nurse. Thirty years ago, private duty was almost the only field open to her, except a small variety of hospital positions. To-day there is a bewilderment of openings, many of them calling vainly for her because she has not yet made quite ready for them.

The new ideas of social betterment irresistibly demand a type of woman by nature fine, and by training and education highly finished, to carry on the many new lines of work which no one else can do as well as the nurse, just because her modern training school has given her a better foundation on which to build social specialties than that possessed by other women. Therefore a strong current is compelling high educational standards for her, and instead of getting lower they must and will get higher and higher, and those hospitals that fail to comprehend the drift of the times and their own duty to the public will be left in the very rear of progress and must content themselves with the incompetents and inefficient.

I predict that in ten years more the work of the tuberculosis propaganda for nurses, openings in public school work, hospital social service work, district nursing positions, positions as nurse in large industrial establishments, pure milk stations, preventive work among mothers of the uneducated classes and their children, tenement house inspection, schoolhouse inspection, and various branches of work under boards of health will more than counterbalance the past predominance of private duty. Add to this list the daily enlarging field of institutional work that is now open to nurses. Not only training-school work and head-nurse positions, in far larger number than was ever dreamed of twenty-five years ago, but heads of hospitals, as the roster of the Superintendents' Society shows very strikingly; positions in all kinds of special institutions, such as colonies for various kinds of unfortunates; now the vast mass of work for the insane is being offered to the study and sympathy of women of a higher grade of general, preliminary equipment than that invited into state hospitals in the past. Here is an enormous field which will in the future continually raise its standards and so both take in, and send forth, a more highly qualified worker. In all this there is no hint of a possibility of lower standards being acceptable. On the contrary there is an overwhelming demand for women of the highest type, and such women, recognizing the responsibilities and possibilities of the duties offered them, will not consent to waste their time over the bald and meagre professional outfit offered them by our friends of the correspondence and short term schools. This is a practical point invariably overlooked by these friends. They seem to rest assured that their power of attraction will be enough to bring to them just as good women for a wretched pretence at training as if they offered a genuine, dignified course; nay, more, they confidently assert that these admirable women will gladly work for seven or eight dollars a week, at their behest. Private duty of the most

laborious and most servile type is their only conception of nursing, and they remain unaware of the great changes going on about them.

We must not forget the large possibilities in our as yet non-nursed almshouses, and consider what it would mean in the way of equivalent work if every one of these, where there were patients, installed a nurse (as they should do) to care for them.

In private duty itself, whereas diphtheria and typhoid have almost disappeared, a new and far more delicate line of special work is already developing, in the care of psychopathic cases according to scientific psychology—a specialty that is only beginning to be more than rudimentary. As this new branch of nursing grows, it will call more than the ordinary woman with an ordinary training to its service.

Though private duty in the future may be less exciting than in the old days when contagious diseases were prevalent, the nurse will learn to reap satisfaction of another kind in realizing the social significance of her preventive work. We can only rejoice if typhoid fever disappears, as it should, even though every nurse loved her typhoid cases.

The new specialties for nurses mean that they can live a more normal life—go to bed at night, and keep in touch with other great things that are going on in the world. I hope that private duty will disappear altogether, for that will mean a high standard of public health, and then the nurses and physicians of the future can be employed entirely in keeping people well.

THE ADIRONDACK COTTAGE SANITARIUM AT TRUDEAU, N. Y.

BY MADELINE SMITH, R.N.
Graduate of St. Luke's Hospital, Chicago

IF any nurse thinks of contracting tuberculosis, may a kind Providence send her to the Adirondack Cottage Sanitarium, but let her not wait too long, for there only the incipient cases are taken.

The institution was founded by Dr. Edward L. Trudeau in 1884 and opened in February of the following year. Since that time it has grown from one building to about thirty-eight, including an administration building, a medical and reception building, twenty cottages, a chapel, infirmary, post office, library, amusement pavilion, laundry and necessary outbuildings. The property consists of two hundred acres

which lie on the slope of Mt. Pisgah, overlooking in three directions most beautiful mountain scenery.

As the crow flies, it is a mile from the village of Saranac Lake; by road, a mile and a half. This road winds along the Saranac River, a swift and picturesque stream, which finally seeks an outlet at Plattsburg on Lake Champlain. In the autumn the trees that mark its borders are a blaze of glory and at any season of the year there is much to enjoy in this little drive which separates Trudeau from Saranac Lake.

The staff at Trudeau consists of the physician in charge, a lady superintendent, two assistant physicians, a head nurse, and three assistant nurses. The head nurse, with one assistant, is in charge of the infirmary, while the remaining two attend to the cottage nursing. This number of nurses is sufficient to meet all ordinary demands of the hundred or more patients.

It is a noteworthy fact that all the positions at the sanitarium are filled by former patients or those who at one time or another have had tuberculosis.

One is first impressed by the cheerful atmosphere of the place and the apparently very able-bodied looking individuals who make up the personnel. In summer it is not difficult to imagine one's self at a summer hotel from which dancing and athletics have been excluded. After tea there is always some one at the piano and whether the music suits the taste of all or not, it induces conversation and lends an air of gayety. In winter, card playing is popular, and for those who enjoy it, passes the two hours before bedtime very agreeably. The holidays of the year are observed with a variety of entertainment. Great preparations are made for Christmas. There is nothing lacking in the way of decorations and a great Christmas tree laden with gifts. If any one feels lonely or homesick, he keeps it to himself, so well is the spirit of Christmas observed. On Washington's Birthday there is a "bal poudre," without the "bal," but enough pleasure is had in other ways to half compensate for the prohibited dancing. Fourth of July, All Hallowe'en and Thanksgiving Day each have their own appropriate celebrations.

In a collection of people as large as that found at the sanitarium, there are often several persons with unusual talents which can be devoted to the pleasure of all. Music, acting, reciting, sleight of hand, are a few of the many ways of diverting the minds of the patients in the short evenings.

A great source of interest and healthy employment is the workshop. This little building is open the year round to those who wish to learn

one of the four branches taught there, illuminating, bookbinding, leather work and picture framing. The expense involved is only that of the materials used and the two teachers in charge are experts in their line of work. The building is exposed to the weather on one side, so that even here one must follow the "cure." The amount of work allowed each patient depends entirely on the amount of exercise permitted him by the staff physicians. The achievements of only a few hours each week in this shop are remarkable and a patient may leave the sanitarium with a nice accomplishment to his credit, beside the amount of "cure" he may have acquired.

There are billiard tables at the amusement pavilion, much in use at all seasons of the year. The Gun Club, for target practice, is enjoyed by the men and a cup has been given to stimulate interest in accurate marksmanship.

Even with all these amusements, the question might be asked, "How do the patients worry through the long days and keep up a fair degree of cheerfulness?" Of those who spend their time in bed or who have the minimum of exercise, the answer might often be that the days are long and dreary. However, for them, if they will interest themselves in the great out-doors, there are the birds, plant and animal life to be seen, not to speak of the stars at night. The majority of patients, after a while, will give up useless regret and devote themselves to the "cure," at the same time agreeing with the old Italian saying "Dolce far niente," "How sweet it is to do nothing."

The architecture of the sanitarium is both simple and attractive and many a patient has enjoyed in his cottage more comfort than he ever experienced in his life before.

The cottages, as a rule, have been given as memorials, and improvements are kept up in a number of them by their generous donors.

The little chapel built of cobble stones, with its cross-crowned spire, gives some spiritual atmosphere to Trudeau. One service is usually held on Sunday, for which the patients are indebted to the clergy of Saranac Lake.

The infirmary is a building in which all nurses would be especially interested; it is a place where, to quote from a Trudeau Mrs. Malaprop, "patients are sent who are worse than common!" It is a memorial to the wife of Mr. Otis H. Childs of Pittsburgh, Pa. Much thought and expense have been devoted to making it at once homelike and practical. The interior is charmingly arranged. Outside, there is a broad veranda surrounding three sides of the building, with a Dutch door to each room through which the patients' beds may be conveniently rolled

in and out. The view from the veranda is particularly fine and "White-face," the highest mountain in this region, is an endless pleasure, reflecting as it does the ever varying sunsets.

The patients are expected to begin the "cure" at nine o'clock in the morning; at a quarter of one there is an intermission for dinner till two o'clock. From then until a quarter of six, outdoors again, when the day's work comes to an end. Very enthusiastic patients spend the evenings in the open air, beside sleeping out at night. These persons deserve to be cured. In the warm weather there is no excuse for not wanting to live out of doors, but in winter, in the severe cold, one is apt to regard this as a very cruel world and long for an excuse to go inside.

Porch teas are the customary afternoon dissipation and from three until half after five, summer or winter, may be seen groups of men and girls enjoying this mild form of excitement. In winter it is sometimes difficult to serve the tea hot, but excuses are unnecessary as all understand the penalty of staying in the house during the hours of "cure."

The statistics of the Adirondack Cottage Sanitarium show most satisfying results of the treatment in vogue there. The gratitude of hundreds of persons is due to the tireless efforts of Dr. Trudeau and the friends who have helped him in this work. To quote from the first annual report, "The undertaking was one which, in this country at least, had no precedent."

Since that time, the year 1886, numerous other institutions for the same cause have been established, none however with a more beautiful setting or showing a better record of health. It has made the names of Trudeau and Saranac Lake famous the world over and there is every prospect for a brilliant future.

THE NAVY NURSE CORPS

BY ESTHER V. HASSON, R.N.

Superintendent of the Nurse Corps, United States Navy

EARLY in May of 1898 four women graduate nurses left Washington for Key West, Florida, under orders from the Surgeon-General of the Army to report to the medical officer in command of the military hospital at that place for such duty as he might assign to them. Little did the nurses of this country think, at the time, of the far-reaching results of this order and that these women were the nucleus around

which would form, first the corps of contract nurses, and later on, in 1901, the permanent organization of the Army Nurse Corps as it exists to-day. Their plunge into this (to the average nurse of that date) unknown field of work was like unto the traditional pebble cast into the sea of military nursing. The tiny ripples set in motion have spread out in gradually increasing circles until the little group of women on the extreme outer edge who at present represent the nurse corps of the Navy are already beginning to wonder upon what shores the last ripples will break.

Although the Army Nurse Corps was distinctly the product of war, the Navy corps is the indirect outcome of its proven worth and efficiency, not only in time of great national emergency, but of peace as well. Mrs. Kinney has ably written up the preliminary work of legislation from the first bill (drafted by Medical Director Boyd, U. S. N.) which, had it proved acceptable to the Senate Committee on Naval Affairs, would have given us at once all of the advantages which must now come slowly and only as the result of special legislation; to the bill of February, 1908, which authorized a corps of trained women nurses for the Navy with the same pay, allowances, emoluments and privileges as are now, or may hereafter be, allowed for the nurse corps of the Army, so that it is not necessary to enter into any recapitulation of these details.

The interval of time between the introduction into Congress of these two bills represents about five years, and during this period of waiting the Surgeon-General of the Navy and his assistants in the Bureau of Medicine and Surgery never once lost sight of the coming of the women nurses into the Navy, so that when, on the eighteenth of last August, I entered upon the duties of superintendent of the corps I found already under way a broad general plan of organization. Roughly outlined it provided that all nurses eligible for appointment must be graduates of a general hospital giving a course of instruction covering a period of at least two years, and if coming from the states where registration is in force they must also be registered nurses.

All applicants will be required to pass a rigid physical and mental examination, and for the present, at least, the latter will invariably be held in Washington. The examination is required in all cases irrespective of whether the applicant has had previous Government service, either civil or military. Candidates whose qualifications reach the required standard will receive appointment with as little delay as possible after examination. The first few months of service will invariably be spent at the Naval Medical School Hospital in Washington, and

after this term of trial, the nurses will be distributed to the various naval hospitals in the United States, Japan, the Philippines and Hawaii where it is deemed advisable to station women nurses.

The work of organization is to be very gradual and for the present the corps will be expanded at the rate of only about ten nurses every six months, but as the work becomes thoroughly systematized it is hoped to progress more rapidly. This plan is so eminently practical and well adapted to the needs of the service that it at present forms the solid base upon which it only remains to build up the details.

The examination for entrance is both written and oral and will include questions on the following subjects: general nursing, materia medica and toxicology, surgical nursing, first aid, and practical dietetics with special reference to the preparation of invalid diet.

During the period spent in the naval hospital in Washington, nurses will be expected to inform themselves in regard to the rules, regulations and etiquette of the service, also of the different degrees of rank with insignia of same, not alone of the commissioned officers, but of the warrant and petty officers as well. Head nurse positions will in all cases be filled by promotions from the grade of nurse.

As all of the nurses (including the superintendent) are new to the ways of the service, and the service is equally new to the ways of the woman nurse, this first six months is regarded largely as an experimental period by both sides. As it draws to a close such regulations will be drawn up for the future government of the corps as actual experience may prove to be desirable and necessary.

As each group of nurses leaves Washington for some other post of duty, a copy of these regulations will be furnished the chief nurse of the party, and another copy will be forwarded to the medical officer in command of the hospital for which the nurses are destined. In this the duties of the nurse will be as clearly defined as it is ever possible to define such duties. In this way we hope to make the nursing in our eighteen general hospitals somewhat uniform, so that when ordered from one to the other the nurse will know about the conditions she will encounter in regard to scope of work, hours of duty, duration and frequency of night details, personal privileges, etc. Any such regulations must of necessity be very faulty and inadequate at first, but by constant revision it is hoped to make them as perfectly adapted to such varied conditions as general regulations can ever be.

One of the principal duties of the woman nurse in the Navy will be the bedside instruction of the hospital apprentices in the practical essentials of nursing, and for this reason she must be thoroughly con-

versant with the head nurse routine of a ward. When treatments, baths, or medication come due it is not expected or desired that she will always give these herself, but it will be her duty to see that the apprentices attached to the ward carry out the orders promptly and intelligently. This arrangement does not, however, absolve the nurse in any way from doing the actual nursing work whenever necessary, but is in a line with the general principle instilled into her from first to last, and which she is expected to always keep uppermost in her mind. I mean the improvement of the apprentices to whom the bulk of the nursing of the Navy afloat will always fall, for it is not the intention of the Surgeon-General to station women nurses on any but hospital ships.

The first few months of service is, as it were, a period of probation during which the nurse will be under observation as to her suitability for naval nursing. To be dropped from the corps at the end of this time may not, and in most cases will not, imply anything derogatory to the character or even to the professional ability of the nurse, as it will usually merely mean that she is lacking in the peculiar qualities requisite in work of this nature, namely: the cheerful disposition that accepts the ups and downs incidental to changes of station; that adapts itself easily to new environment; that accepts the undesirable detail without complaint and confidently looks forward to the better luck that will surely come next time. Above all she must possess in the highest degree the quiet dignity of bearing which alone can command respect from the apprentices or male nurses whom she must instruct. Although she possesses all else, and yet lacks this one quality, she had best seek another vocation at once as she would be absolutely useless for the work we wish her to do. The ability to get on with others will also be a very valuable adjunct. Ample authority will be given the nurse in all that pertains to the nursing, but we all know that there are women who can produce good results and maintain discipline without keeping things constantly in a state of turmoil. In a training school when a pupil nurse proves unsatisfactory another can easily be found to take her place, but with the hospital apprentice it is different, for the Navy is always far short of the number required, from which it will readily be seen that the woman who can inspire the male nurses with a pride in their work and a desire to learn, and who at the same time can reduce to a minimum the friction always incidental to a change in the old order of things, will be the most valuable woman for naval work. Failure to get on harmoniously with co-workers of the corps would be another decided drawback to success. In other words, dignity, self-control and courtesy are the keynotes to the situation.

And now in conclusion a few words as to the selecting and appointing of the nurses.

Upon application either to the Surgeon-General of the Navy or the superintendent of the corps, the circular of information will be mailed to all who request it. In it is contained the form to be used for making formal application for permission to take the examination. This application should invariably be addressed to the Surgeon-General; it is turned over by him to the superintendent for a thorough investigation of the applicant's school, credentials, etc. If satisfactory, it is then placed in the general application file for possible reference at a later date, as the corps is to be expanded very gradually, and in time of peace it will probably never number more than a hundred members. It will readily be seen that only a small number of the many desirable applications received can be considered when selecting candidates for the examinations, which for the present will be held in Washington only. As the expense of travelling to, and of subsistence while there, must be borne by the applicant, I have thus far only summoned the number of women actually required for immediate need. In case of failure, or of the non-appearance of a candidate, another examination is at once held to supply the deficiency.

The successful ones will receive appointment with but little delay. It is impossible to say how long this method will be continued, as I hope e'er long that some arrangement will be made which will enable applicants to take the examination at some designated city in their own states.

Before leaving the subject of applications and appointments I wish to say that all letters requesting information in regard to the corps may be addressed either to the Surgeon-General of the Navy or to the superintendent, but it is unnecessary to address both on the same subject, as has frequently been done. As a matter of fact it is one of the duties of the superintendent to reply to all letters concerning the corps, irrespective of address.

It is too soon as yet to outline the scope of the work or to make predictions as to the future of the corps, but it is my most earnest hope to make it a dignified, respected body of women, governed largely by that feeling of *esprit de corps* without which no rules ever devised will be of avail to keep us free from all that approaches scandal or disagreeable comment.

Undoubtedly the future status of the Navy corps will rest largely in the hands of its members, and especially is this true of the first nurses. If they are content with low standards either professionally,

morally, or socially the status of the corps will be fixed for all time. Future women will accept the standard set by us now without question; if it be high they will rise to it, if it be low they will with equal facility drop to its level.

We nurses who come into the nursing service of the Navy during this first year of its existence are the pioneers, and it rests with us to make the traditions and to set the pace for those who are to follow, and so upon our shoulders rests a great responsibility. I am sure that the nursing profession of the country will extend to us its hearty good wishes for success in our undertaking.

THE SMALL HOSPITAL

BY ELLA M. MILLER, R.N.

Graduate of the Burlington Hospital, Burlington, Iowa; Superintendent of Le Mars Hospital, Le Mars, Iowa

THE small hospital has come in for a large share of criticism and disparagement. Some even go so far as to deny its right to existence. Unfortunately all of our patients cannot go to the city hospitals. Some are too ill to be moved, others prefer to remain at home near family and friends. It is not always possible to secure a nurse nor can every family afford one. To such people the small hospital means just as much as the large one. Even a moderately equipped operating room offers better advantages for aseptic surgery than can possibly be devised in an ordinary home.

There can be no question that many lives are saved, many gynæcological and other operations, which would otherwise be neglected, performed, many medical cases given excellent care in the small hospital. The doctors are able to do better work on account of them, in fact their advantages are the advantages of hospitals everywhere and their success is worthy of our best efforts.

To maintain a hospital of from ten to twenty-five beds, too small for a regular training school, and give good service to the sick at a moderate price, is a problem that has not been solved. Trained nurses charge too high prices and few can be found who are willing to again go through the routine of ward work after graduation. The lay nurses or partially trained nurses nearly always prove to be a disappointment, being found both incompetent and unreliable. It has been suggested that young girls be taken for training who are ineligible elsewhere.

This plan would simply provide the means for turning out more practical nurses and we are already overburdened with them.

There are many young women who, on account of lack of early education, home training, or for other reasons, may not be acceptable in a regular training school but who have the right stuff in them to make excellent nurses, given a little extra individual training and closer contact with the head nurse, such as is possible in the small hospital. Others cannot afford to take a full course of training because they must be self-supporting.

From among these, the small hospital may secure its nurses and pay them a sufficient sum for their maintenance. They should also receive instruction in elementary physiology, practical nursing, bacteriology, and dietetics; and at the completion of the course, if their work has been satisfactory, they should be recommended for entrance to a regular training school. Whether they should be allowed any time deducted from their regular course for this preliminary training would depend on their efficiency and should be determined by the school they wish to enter. This would be an incentive to good work on the part of the pupil and the head nurse, who would receive the credit of having her work recognized.

Especial care should be taken in the selection of pupils. It would be almost the exception to find the woman who does not in some period of her life take a fancy, more or less lasting, to becoming a nurse. The romance which is supposed to be attached to the work attracts a host of undesirable applicants. The grandeur of our work is appreciated by many, but the qualities necessary for its development are possessed by few.

There is no reason why the service to the sick should not be satisfactory under this plan, as one good supervising nurse, with five pupil nurses, should secure as good work as one with ten in the large hospital. The sick receive good care, the rights of the pupil are recognized, the public is not defrauded by quack nurses, and the community is provided with a hospital at moderate cost.

“IF a woman has had the right sort of a mother, half of the work of making a nurse is done before she goes into the training school. It's a pity some of the time, thought and money expended upon automobiles, air-ships, etc., could not be used to train mothers. If the world had a hundred times as many good mothers the work for the destitute, criminal class would be largely done away with.”

ISABEL McISAAC.

HOUSEKEEPING FOR TWO

By ANNA B. HAMMAN

Instructor in Foods and Cooking, Mechanics' Institute, Rochester, N. Y.

(Continued from page 345)

ONE or two more hot breads may be convenient for use when the bread supply is low, or a variation is desirable. One of the simplest of these is baking powder biscuit, and they can be made quite as successfully in small quantity as in large.

Baking Powder Biscuits. One cup flour, two teaspoons baking powder, three-eighths teaspoon salt, one tablespoon shortening, about one-third cup milk or water. Mix the flour, baking powder, and salt, and sift twice, so that the powder may be very evenly distributed through the flour. Cut the shortening, which may be butter or lard or both, into the flour with a knife, or work it in lightly with the finger-tips. The shortening should practically disappear in the flour. Then add a little wetting, and with a knife toss the flour into the wetting until you have a little ball of soft dough. Add more wetting and make another ball, and so on, until the flour is all moistened. Then cut the balls all lightly together and toss out on a floured board. The dough should be as soft as can be handled on the board without sticking. Pat it out with a knife, or roll gently with rolling pin until it is half an inch thick. Cut out round with a cooky cutter, or the top of the baking powder box, or anything else that will cut them, put them on a shallow pan and bake them ten or twelve minutes in a quick oven. If you want them to puff up high, crowd them together in the pan. If you want them crusty all around, leave a space between the biscuits.

The success of your biscuits will depend largely upon your handling of the mixture. The manipulation must be very light, and the less the dough is handled and worked over, the better. Water makes the biscuit a little more tender than milk. Half this quantity can be made.

Drop Biscuit. One cup flour, one and three-fourths teaspoons baking powder, one-fourth teaspoon salt, one and one-half tablespoons butter, about one-half cup of milk. These are mixed exactly like the baking powder biscuit, but the dough should be softer, about the consistency of thick mush. Drop or push them from a spoon onto a pan, leaving plenty of space between the biscuit. Bake like the rolled biscuit. They are very good, and a little easier to make than the others.

Graham Muffins. One-half cup white flour, one-half cup graham flour, one and three-fourths teaspoons baking powder, one-fourth teaspoon salt, one-half cup milk, two tablespoons beaten egg, one tablespoon molasses, one and one-half tablespoons melted butter. Mix and sift dry ingredients, add milk, beaten egg, and melted butter. Fill greased muffin tins two-thirds full of mixture and bake in a moderate oven thirty minutes.

The proportion of white and graham flour may be varied, and a good muffin can be made entirely of graham flour. Entire wheat flour also makes good muffins. In these sugar may be used instead of molasses, if you like.

Waffles. These require, of course, a waffle iron. The irons are made either for the coal or gas range. Those intended for the coal range are not convenient for the gas stove, although they can be used with care.

For the waffle batter we use seven-eighths cup flour, seven-eighths teaspoon baking powder, few grains salt, one-half cup milk, one teaspoon melted butter, one egg. Mix and sift flour, baking powder and salt, stir in milk, beaten yolk of egg, melted butter; then cut and fold in the white of egg beaten stiff. Have the waffle iron hot and very thoroughly greased. It can be greased with a piece of fat salt pork on a fork, or with a pastry brush dipped in melted fat. Put about two table spoons of the batter in each section of the iron, close the iron, and when the lower side of the waffles is nicely browned, turn the iron and brown the other side.

Caramel Syrup. Nothing can equal genuine maple syrup, but we can't have it always, and a home-made caramel syrup is better than most of the table syrups on the market. Put half a cup of granulated sugar in a sauce-pan or frying-pan. Put it over the fire and stir until the sugar melts; continue heating until it turns a light coffee color. Add one-half cup of boiling water, and simmer until the syrup is of the desired thickness. The sugar will gather in a hard mass when the boiling water is poured on, but it will redissolve as it simmers. This syrup can be made in larger quantity and kept on hand.

Rock Buns. This is an excellent little English tea cake. I am going to give this in larger quantities than we have been using, because if you want sometimes to serve a cup of tea and cakes, you will need more of them. These are heavier cakes than we Americans usually serve at afternoon tea, but they are so good that your guests would forgive you for having them.

Two cups flour, two teaspoons baking powder, one-half teaspoon salt,

one-fourth teaspoon ginger, one-sixteenth teaspoon nutmeg, six tablespoons English currants, one tablespoon candied peel (orange, lemon, or citron), six tablespoons butter, six tablespoons sugar, one egg, one-fourth cup milk. Cream the butter, add the sugar gradually, then beaten egg and milk. Mix and sift flour, baking powder, salt and spices, and add to mixture. Then stir in the fruit. The dough should be so stiff that it must be pushed from the spoon. Add more flour if necessary. Take the dough up in small spoonfuls and drop it on a greased tin in little rough mounds, leaving plenty of space between the cakes. Bake about fifteen minutes in a rather hot oven. If the dough is too soft, they will spread out like cookies, instead of keeping their rough, irregular surface, as they should. Half this rule will work satisfactorily.

Gingerbread. One-half cup flour, three-eighths teaspoon baking powder, one-eighth teaspoon soda, one-fourth teaspoon ginger, one-fourth teaspoon cinnamon, two tablespoons sour milk, two tablespoons molasses, one tablespoon beaten egg, one tablespoon butter, two tablespoons sugar. Cream the butter, add the sugar gradually, beaten egg, molasses, sour milk, then all the dry ingredients mixed and sifted together. Turn into a small tin pan or into muffin tins, and bake in a moderate oven. The tins should be thoroughly greased, as gingerbread is prone to stick. They should not be more than half filled with the batter. Especial care must be taken also that the oven is not too hot, as the molasses makes the gingerbread scorch easily. When the cake is done, it will spring back when touched lightly with the finger and will shrink slightly from the sides of the pan.

TO TEACH MAIL REGULATIONS

SUPERINTENDENT BRUMBAUGH, of the public schools of Philadelphia, stated that he heartily approved of the suggestion of Postmaster General Meyer that postmasters coöperate with school teachers in familiarizing pupils regarding the mail regulations, so as to reduce the number of misdirected letters. The suggestion to the postmasters is to confer with the school authorities, and wherever possible deliver short talks to the pupils upon the postal service.

RED CROSS WORK



AN appeal has been sent out by the National Headquarters of the Red Cross in Washington asking for nurses for service during the inauguration. They are expected to report at headquarters, March 3.

There will be about twenty-two relief stations along the route of the inaugural procession, each consisting of a small army hospital tent and equipment, with two nurses and a physician in charge.

There will also be a small emergency hospital at the Union Station during the entire week and nurses may be called upon for other interesting service.

About one-half the required number of nurses will doubtless be selected from those in Washington, but the following local branches have already responded, expressing their willingness to send one or more nurses to Washington for this pleasant duty: Baltimore, Philadelphia, New York, Rochester, Troy.

NOTHING would show more clearly the confidence which the public now has in the American Red Cross than the generous response which came when an appeal was made for the Italian sufferers.

The following is a statement of money distributed by the National Red Cross, and of this amount \$315,895 was sent from New York State:

Forwarded direct to Italian Red Cross.....	\$320,000
Forwarded to Ambassador Griscom as follows:	
For Red Cross Relief Ship.....	100,000
Hon. Bayard Cutting	15,000
Orphanage Colony	250,000
Other relief	50,000
Lumber for portable houses, purchased through	
Navy Department	100,000
Portable houses purchased direct.....	6,740
Remitted to Italian Ambassador on account <i>The</i>	
<i>Christian Herald</i> contribution to Orphans' Fund.....	50,000
Remitted to Ambassador Griscom on account <i>The</i>	
<i>Christian Herald</i> for Waldensian Relief.....	5,000
	<hr/>
	\$896,740

THE New York County branch of the Red Cross reports a profit of \$11,219.03 from the sale of the Red Cross Christmas stamps. Five thousand dollars was pledged for the maintenance of the Vanderbilt Day Camp for one year. This camp is in operation and doing splendid service in the care of tuberculosis patients. One thousand dollars was contributed to the tuberculosis exhibit, leaving a goodly balance for any other form of tuberculosis work which seems to be most needed.

From Buffalo comes an interesting account of the experience of a graduate of the Buffalo General Hospital, Phyllis Wood, who was living in Rome at the time of the earthquake and who offered her services to the Italian Red Cross. Her story, as given in the *Buffalo Commercial*, and somewhat condensed, is as follows:

"We assembled to receive our instructions from Professor Postemp-ski, on the afternoon of January 31. We were to leave Rome that night and sail from Spezia the following morning. He begged us to take 'as little luggage as possible and as much obedience,' and informed the volunteers that strict military discipline and order would be maintained—going so far as to say that a dark cabin with manacles would result upon any insubordination. As most of the women present were titled ladies, this must have been the beginning of a novel experience.

"Captain Bisso of the general army was then placed in command over us and his speech began by stating that 'henceforth all titles should be dropped,' and the Princesses, Marchesas, Countesses, should work under their surnames. The crowd at the station that evening to see our Red Cross train start was quiet and dignified, yet seemed full of feeling. I was placed in a compartment with the Countess Carpegna, who introduced me to the Marchesa Crespoldi, both organizers of the Red Cross, and henceforth we kept together and shared the same cabin on board our ship the 'Taomina.' The material for psychological study was on that train! and certain contrasts amusing! One Princess ———, waited upon by her maid, etc., yet these aristocratic amateurs worked nobly, and no criticism could be made, when one thinks how absolutely unprepared they were for such an appalling situation.

"The voyage from Spezia to Messina was occupied in preparing the ship for the wounded, even using the steerage, the decks, and every available corner. We steamed into Messina Saturday morning, five days after the catastrophe, and anchored outside the harbor waiting for daylight. However, what met our eyes was an appalling sight, for three war vessels kept throwing searchlights over what was once Messina; and by their aid we could discern much of the desolation. In one corner of the ruins a huge funeral pyre was burning, to which the dead bodies were taken, and the fumes even out on the water were sickening. We steamed in at

sunrise, and as we passed the war ships they saluted us by dipping the flag, and the admiral's marines were filed out on deck presenting arms. We dropped anchor near enough land to see all of its horrors—procession upon procession of carts and stretchers carrying the dead and dying; masses of débris, hills of accumulated ruins and only remnants of houses left standing. We could see at the railway station trains looking as if they had been through a collision, cars off the track and a locomotive on its side, but the most impressive thing was the ground itself, sunk in places and vast cracks staring open. Here and there were tents rigged up to give first aid to the injured. We had come in for the worst, because the rescued had already been underground several days and were in torture from thirst and hunger, as well as injury. It was hustle and bustle as soon as the poor maimed things began to be carried on board, and oh! the cries for water and screams of those in pain. The sailors and soldiers who carried the poor creatures in their arms seemed like an endless stream.

“I shall never be able to describe the enormity of the misery and suffering—one could only do the little one could for them. Many seemed in a condition of prostration, and very nearly demented, benumbed with mental as well as physical pain. One poor woman had given birth to a child just as she was being pulled from the ruins, and after we had made her as comfortable as we could on the boat, the sailors crowded around her cot and asked her to name the child ‘Taomina’ after our ship. One death which stands out in my memory is that of one of those heroic rescuers, a young lieutenant of Bersaglieri, who was carried on board dying from a hemorrhage of the lungs, brought on by his tremendous exertions. He was absolutely conscious to the last breath. We had no time to undress him, so he lay in his uniform and we placed his sword by his side. Doubtless he was one of the many who had ‘laid down their lives.’

“The first day and night I was detailed to do the dressing of wounds and then I was ordered down into the hold to assist Professor Guarneri with the operations, and then real business began. We worked at the rate of sixty operations a day, all sorts of settings and every conceivable fracture. We had two extemporized operating tables and two young doctors worked with me under Professor Guarneri. The emergency was so great there was often no time for an anæsthetic, yet we heard hardly a murmur from those poor lips. Sometimes it seemed impossible to keep up the dressing supplies necessary, to have solutions, etc., ready in the twinkling of an eye, but Guarneri is a magnificent surgeon, full of energy and enthusiasm, worthy of his reputation, and so

calm and self-possessed, that one worked under him unconscious that the hours were from six A.M. to one A.M. So passed the six days at Messina, and then with the heavily laden ship we sailed for Leghorn. We stopped at Naples long enough to disembark the dying and the dead, the rest we took on to Leghorn.

"Each patient (so many the solitary survivor of a family) had to be labelled with his name and diagnosis which were pinned to his shirt. On reaching port the First Aid to the Injured of the Red Cross of Leghorn came on board and helped us to disembark. The streets were filled with soldiers to keep the crowd back. Our poor patients were taken to hospitals and we, by the thoroughly organized Red Cross, to the best hotels and treated with all possible courtesy. The mayor of the city called on us to take the names of those we had each taken especial interest in. Oh! it seemed good to get off one's boots and take a long breath and keep still.

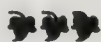
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"And now this trip is over and I have been ordered off on another relief expedition to Reggio, and this morning General Tavernia called to bring me in person the thanks of Queen Elena."

IN the *Boston Transcript* Dr. Grenfell gives an account of his year's work. The steamer carrying supplies for the Labrador stations, Battle Hospital, and the nursing station at Forteau, encountered bad weather, lost her captain, and has been frozen into a harbor near the northern end of Newfoundland, where it will have to stay until spring. It not only carried supplies, but furnishings for the new nurse's home. The nurse, meanwhile, is living in a fisherman's hut, caring for three crippled children, and cooking in lard pails, in place of expected and much-needed utensils.

The experiment in importing reindeer has proved most encouraging. The reindeer are thriving and multiplying. They are proving useful as carriers and their milk is rich and their flesh will make an important addition to the food supply.

NURSING IN MISSION STATIONS



THE ELIZABETH BUNN MEMORIAL HOSPITAL, WU-CHANG, CHINA *

By SUSAN H. HIGGINS

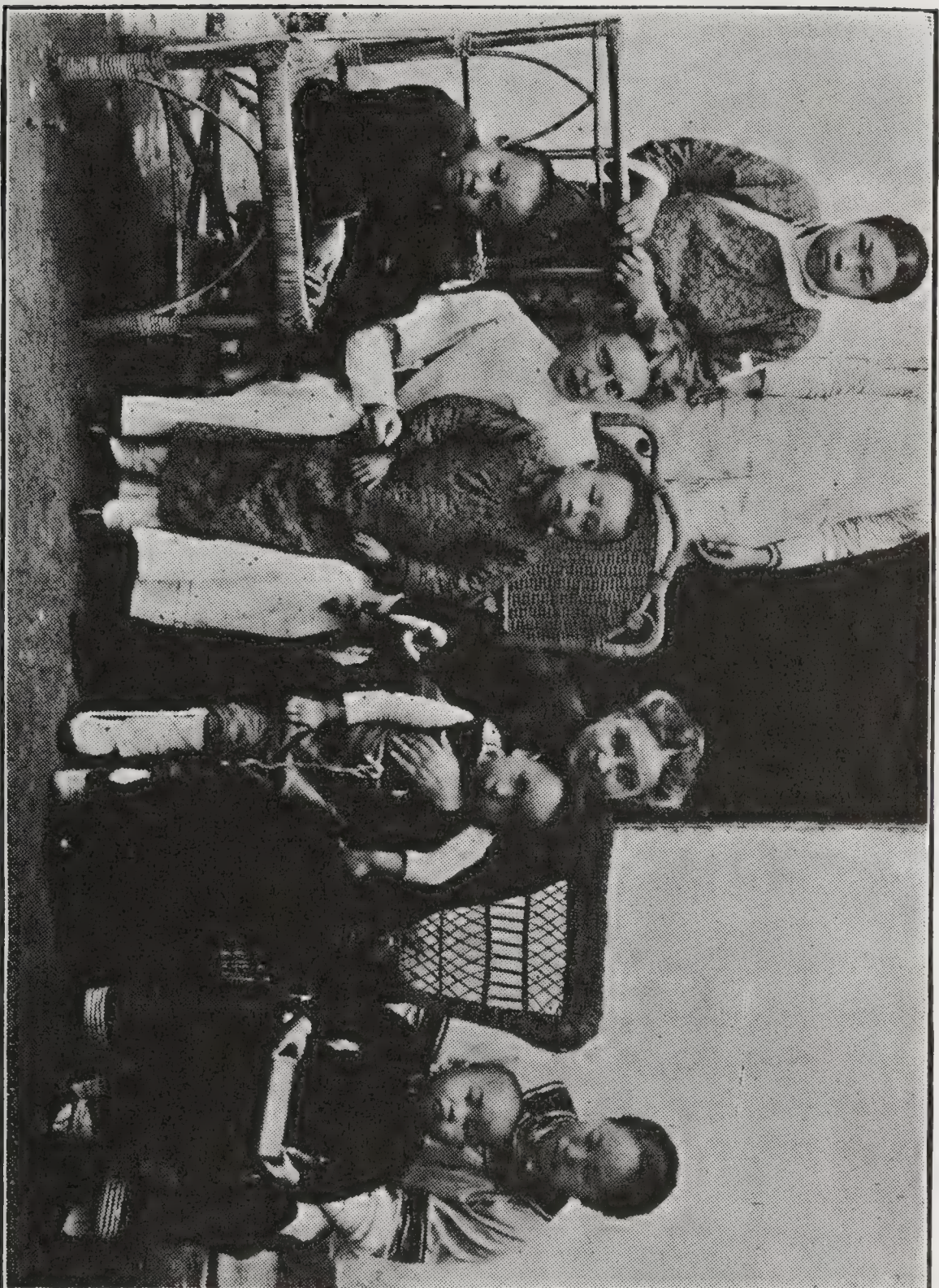
Graduate of the Philadelphia Hospital Training School

OURS is no nice new foreign hospital like our church hospitals in Gankino and Shanghai, where everything is up-to-date and work can be carried on according to home training, but just a Chinese house, large, of course, built for a Chinese mandarin, so scattered about that we go out of doors from bedrooms to dining room, again from dining room to sitting room, and again to the hospital; and yet so cramped that our meals are often enlivened by a row of Chinese faces watching us, or a few strayed dispensary patients from the waiting room. As for studying, I take my books and teacher to our chapel near by and use the guest room, for peace enough for that.

Formerly we were crowded into a corner of the city occupied almost entirely by students, where our work amounted to very little. This was convenient until I got enough of the language to begin working. When that time came, Dr. Glanton and I laid our plans before the Bishop, thereby giving him a great shock. That two women could leave the main compound and live alone in a distant part of the city was rather startling, but we knew the city and the people and were not afraid. We had a good location chosen, and even the refusal of houses to rent. Finally the needs of the hospital prevailed, permission was granted, and we moved just a year ago.

You can imagine our anxiety during this first year for fear we might be mistaken. The first house was pretty bad; nothing but the great success we had from the start could compensate for the wretched cold and damp of last winter. There was not a great deal of time to think of discomfort, however, with big dispensaries, a goodly number of in-patients, and four absolutely green pupil nurses to train in an unfamiliar tongue. To this day, teaching anatomy and the circulation in Chinese so as to get some idea of them into their little black heads is

* Read at a meeting of the Graduate Nurses' Association of the District of Columbia.



DR. MARY GLENTON, IN CHARGE OF HOSPITAL AT WU-CHANG,
MISS HIGGINS, AND SOME PATIENTS



THREE PUPIL NURSES

not an unalloyed pleasure. These Chinese girls, though, make good nurses in the end; they are gentle, quiet, and quick with their hands; also quick to see and report any new symptom or change in a patient, and not at all afraid of dirty work. They are not strong enough to do as much cleaning and scouring as we do in training at home, their feet being small, though now, of course, unbound. The length of training is four years.

Dr. Glanton takes them in turn to obstetric cases, and the nurse visits the patient daily until she is well.

Last spring when I was ill, the doctor called in, for needed extra help, a graduate of the Wesleyan Training School, to take charge of the hospital. This girl is a treasure, a really well-trained nurse, who is capable of teaching the practical work in the wards to the pupils, while I give them their theoretical work. For the present she is taking entire charge of the inside work while I get ready for my fourth and last examination.

Our present hospital, the second we have occupied in this district, having outgrown the first, accommodates thirty-two patients with a bit of crowding. To-day we have twenty-four patients, the nurses, coolies, and ourselves, making forty-one people crowded into a house built on three sides of a 60 x 75 foot piece of ground. The place would interest you even more than a proper hospital, being entirely Chinese.

There are two courts. In the first, to right and left, are two small buildings. In the left hand one, upstairs, are our two bedrooms and a bath room. (A bath room out here means a room with a tin tub in it, nothing more.) Downstairs, under our bedrooms, are the dispensary rooms, consisting of a waiting room, consulting room, and a combined drug and dressing room. The patients generally overflow into the court, the waiting room being small and the patients many.

In the building at the right of the court, downstairs, are a kitchen and bedrooms for the men servants. Upstairs are the nurses' bedrooms, the only entrance being over a bridge built from the second floor of the hospital.

Entering the second court, the Chinese guest rooms to right and left form our sitting and dining rooms; the former is also my office, and the latter, the doctor's. The panels and door carvings of these two rooms are very beautiful, but the rooms are built directly on the ground and are damp. Across the rear of this court stands the two-story building we use for a hospital. Upstairs are two wards of eight beds each, and a fine little children's ward. Downstairs is a ward we use for "smelly" cases, such as leg ulcers; also two rooms which we use for very ill patients or as private rooms.

If this were foreign built it would do very well, but according to Chinese custom no door or window fits and the winds whistle through the board walls. No provision is made for heating. To see the wards on a cold day, you would think them full of bed patients, for every woman rolls up in her *pei wo* and goes to bed. We still use Chinese bedding, though being our own, it is clean. This means a lower sheet, and on top, a cotton filled comfort, called a *pei wo*. The inner covering of this is sheeting, which can be changed as often as needed. The very sick bed patients have their beds made foreign fashion with two sheets. The beds are Lawson-Tait hospital beds. It is the custom to carry your own bedding here in China, so I use the phrase "our own bedding" advisedly.

At present, in a Chinese house and with a Chinese head nurse, it is simplest to keep the hospital as Chinesy as is consistent with cleanliness; there is danger of having a hospital so very foreign and comfortable that it loses all homelikeness to the patients. Our ideas of comfort are different from theirs, for instance, they prefer hard beds, even a board, to our spring beds. The women are like children, anyhow, with their homesickness, and must be humored. We insist on baths and clean clothes, and prohibit spitting on the floor; beyond that, they may do pretty much as they like.

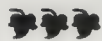
(To be continued)

NEED FOR MISSIONARY NURSES

WE are sometimes asked where nurses are needed. Here is an answer, and a very definite one. Dr. Samuel M. Zwemer, one of the secretaries of the Student Volunteer Movement, makes an appeal for eleven nurses for foreign service. They are needed by the following boards for the fields named: addresses of secretaries, from whom details can be obtained, will be given to any one writing us for information.

The Woman's Baptist Foreign Missionary Society, two nurses, China and the Philippines; The American Board (Congregational), three nurses, two for Asia Minor, one for China; The Evangelical Lutheran Board, one nurse, India; The Presbyterian Board, four nurses, China, Syria, two for Korea; The German Reformed Church, two nurses, China.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

TINCTURE OF IODINE IN SURGERY.—Dr. Walter T. Dannreuther in a paper in *The Medical Record* advises surgeons to wash out wounds during operation with a watery solution of iodine, one drachm of the tincture to one pint of water. For cleansing the hands he uses one drachm of the tincture to one quart of water. Staining of the hands is unusual unless a stronger solution is used, when ammonia will remove it. He prepares catgut by immersing the strands in a watery solution of 1 per cent. iodine and 1 per cent. potassium iodide crystals for eight days, then transferring it to a dry sterile jar covered with gauze. This catgut is aseptic and antiseptic, as proved by bacteriological experiments, it absolutely cannot be infected, its tensile strength and pliability are increased and it is exceedingly cheap.

Dr. Dannreuther says iodine is a germicidal agent of high potency, one of the most valuable antiseptics in our armamentarium and endowed with remarkable penetrating power. For two years he has not had a case of stitch abscess or wound infection.

DIPHTHERIA CARRIERS.—Solis-Cohen states in the *Journal of the American Medical Association* that persons coming in contact with a diphtheria patient frequently have virulent Klebs-Löffler bacilli deposited on their mucous membranes. Such infected contacts may later develop diphtheria, or, remaining healthy, they may act as diphtheria carriers, transmitting the bacilli to others, who thereupon may develop the disease or who may themselves become diphtheria carriers. To prevent their becoming a source of danger to others, diphtheria carriers should be isolated until bacteriologically clean. Recognition of the infected contacts must precede their control. This can be brought about only by taking cultures of the throats of all the inmates of a house where diphtheria exists. Little progress need be expected in the prophylaxis of diphtheria so long as we neglect the animate carriers of the contagion.

TUBERCULIN TREATMENT IN PRACTICE.—The *New York Medical Journal*, quoting from a German contemporary, says: John and Volhard

speak highly of the results they have obtained from this form of treatment. They use six solutions of different strength, a varying dose of each of which is injected at intervals of from one to seven days, according to the demands of the individual patient. The technic of the administration of the remedy is given in detail. Physical and dietetic measures must not be neglected.

SUGGESTION AND ANÆSTHESIA.—The *Journal of the American Medical Association*, quoting from a contemporary, says: Munro urges the importance of suggestion as an aid in inducing anæsthesia. It reduces the danger and decreases the amount of anæsthetic needed. He cites his observation of the administration of anæsthesia at the Mayos' Clinic, Rochester, as an instance of success attendant on the combination. Munro particularly opposes that lack of self-confidence that leads many persons—while admitting that suggestion is undoubtedly a powerful and, when properly used, a beneficent force in the hands of certain persons—to doubt their own capacity to utilize it, even when they have made a study of it. Munro cites instances of operations performed with less than 30 minims of chloroform after adequate suggestive preparation.

SEA WATER INJECTIONS.—The *Medical Record*, in an editorial on this subject says, a new method in the treatment of chronic diseases that has been much used recently in France is the injection of sea water into the muscles. Quinton found that the composition of sea water and the vital plasma are almost exactly the same. The sea water is obtained in sterile retainers from considerable depths of the sea and at a distance from land. It is again sterilized in the laboratory. The dose is five cubic centimetres and can be repeated daily when thought best. Other medicaments can be added to it. It is used for syphilis. The phosphated plasma is said to be of great value in nervous diseases and acute mania. The intramuscular injections are painless and cause no soreness.

THE VACCINE TREATMENT OF TYPHOID FEVER.—In the *Medical Record* Dr. Watters and Dr. Eaton report the treatment of a series of cases of typhoid fever by the injection of bacterial vaccines. In the majority of the cases the temperature subsided after the first inoculation, often rising again only to subside permanently after the second inoculation. In the thirty cases reported two deaths occur. One was a patient practically beyond help when treatment was begun.

The inoculation consisted of a stock emulsion *Bacillus typhosus*, made and standardized in their own laboratory and sterilized by moist heat and by 0.3 per cent. lysol. In no instance could any injurious result be demonstrated.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

OLD AGE INSURANCE AND HEALTH QUESTIONS

A WONDERFUL thing has happened in Great Britain; all the old wage-earning people over seventy who have not been dependents of the state are getting old-age pensions. The day has dawned that was wished for by Ruskin, who said that he hoped some time all the aged workers would go to draw their pensions from the state just as veterans of war do.

This may be the beginning of the disappearance of the dreaded almshouse with its bitter bread of charity.

Many countries have now some form of old-age insurance, that of Germany, which is a part of the compulsory state insurance against sickness, accidents, invalidism, and old age, being the most thorough and far-reaching in its effects. The German state compulsory insurance has turned out to be the most wonderful and efficient engine for preventive medicine that the world has yet seen.

After paying enormous sums for the invalidism that was often the lot of laboring people, Germany set herself to work to prevent the invalidism, especially that which was premature. It was in this way that the gigantic campaign against tuberculosis was set in motion, then followed investigation and curative treatment for nervous disorders and all chronic diseases, with searching inquiry into their causes. As a result, an enormous stimulus has been given to the efforts for limiting hours of work and preventing overwork, and this movement will not cease until all hours of labor have been scientifically restricted and medical inspection made a part of all industrial establishments.

Next, Germany took up the question of alcoholism, and now of venereal diseases, both of which contribute to premature invalidism.

In connection with this work Germany has established in several universities chairs of social medicine, and a great development is going on in preparing medical men by special instruction and training to study disease from the new standpoint and to become capable co-workers in the government insurance.

An extensive and entirely new literature is growing up, much of

which treats of the subject of fatigue, which is now being made the subject of most scientific and minute examination and investigation. In studying this subject of fatigue, however, the Italians led the way; though having no state insurance, the Turin school of medicine, which is remarkably liberal, sounded the alarm of the overwork of laboring populations, and the writings of Mosso are the classics on this subject of fatigue. The French have also done much interesting practical work on this line, their law, making compulsory one day of rest in seven, having been strongly supported by men who had followed all the physiological proofs given by science as to the need of rest.

England led all other countries in factory legislation and short hour movements, and her factory inspectors and medical men have given ample clinical testimony on the evil effects of overwork as regards health.

THE INTERNATIONAL COUNCIL OF NURSES

THE English nurses are undertaking the entire management of the Congress which is to accompany the regular business meetings of the Council, and a most interesting and inspiring program is promised, with a valuable exhibit of devices and inventions, etc., made by nurses. This will also be a good opportunity for the display of literature; we hope all the countries will bring their journals and reports.

The business meeting will be held on Monday, July 19, at 11 A.M. and the Congress will open at 10 A.M. at Caxton Hall, Westminster, on the 20th of July.

THE ASSOCIATION OF NURSING SUPERINTENDENTS OF INDIA

MISS THORPE has sent details of great interest as to the meeting of the association in December last, which we are obliged to condense. The superintendents there have done as ours did here, in organizing an association of nurses. This nurses' society, affiliated with the superintendents, will give a National Council, and we hope soon to have it in membership in the International. It was also decided to establish a journal, for at least one year's experiment. The superintendents' program included papers on "The Place of the Indian Nurse in Social Service" and "The Necessity for Registration for Nurses in India." Copies of the report in full may be obtained from the Hon. Secretary, care of Miss Martin, St. Catherine's Hospital, Cawnpore, India.

ITEMS

MISS BEAZLEY, of the Nurses' Settlement in New York is still up to the eyes in hospital work in Naples with the victims of the great disaster. She writes with great enthusiasm of the universal spirit of

unity in bringing help, and reports with joy that all the patients' faces have now been washed. Miss Baxter and Miss Turton have also had their big public hospital, the *Gesú è Maria*, filled, and are working night and day.

THE announcement of the District Nursing Congress to be held in Liverpool in May sounds most interesting, and it is probable that Miss Jane E. Hitchcock of the Nurses' Settlement in New York will go over for it.

REGISTRATION is coming to the fore in Holland, where the officials of government are inquiring into it, and the nurses' organization will give testimony as to nursing education.

GERMANY is moving on slowly in bringing the imperial act into effect; so far, Alsace and Lorraine, Gotha, Hamburg, Mecklenburg-Strelitz, and Schwarzburg-Sondershausen have carried its provisions into effect. The German Nurses' Association has recently sent inquiries to the medical bodies of the different states of the Empire to learn what steps have been taken or are under way for its adoption. The bill is, like ours, permissive.

THE Education Committee of the London County Council is extending open-air schools for delicate and tuberculous children. There will soon be four of these schools.

IN spite of the darkly reactionary cloud over Russia a Congress of Russian Women, the first, to which came more than 800 women, has lately been held in St. Petersburg. Mme. Mirovitch, writing of it in *Jus Suffragii* says: "The Congress gave a very full and tragic picture of the position of women of different classes and professions in Russia. All the reports clearly proved the necessity of changing the laws and customs which deprive women of liberty and impose on them the chains of subjection." Her letter is dated January 3. The congress was held in December.

BELGIUM has passed a bill giving women the suffrage and the eligibility required to admit them to the Courts of Trade.

THE women of Sweden have gained the franchise.

LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

AN INDEX OF CURRENT NURSING LITERATURE

DEAR EDITOR: For some time past I have felt the need of an index to the periodicals which are published in the interest of nurses. Is there a publication of this sort on the market?

Los Angeles, Cal.

A. E. B.

[This question was referred to Ada Bunnell, medical librarian, New York State Medical Library, and her reply is:

"The nursing magazines are not indexed in Poole's Index, but they are indexed in the *Index medicus* which is a monthly index of the current medical literature of the world. It is published in Washington by the Carnegie Institution and all communications relating to subscriptions should be sent to that address. It is five dollars a year. The *Journal of the American Medical Association* publishes at the end of each volume, that is, once in six months, a 'Guide to current medical literature.' I believe it does not include nursing journals but it does include articles on nursing in medical journals. The *Medical Review of Reviews* includes an index medicus but it is not as complete as the others and does not include nursing magazines."]

TYPHOID HEMORRHAGE

DEAR EDITOR: In the November number of the JOURNAL I noticed an article on the treatment of typhoid hemorrhage, and I read with interest the almost sure remedy for stopping it.

A short time after reading this article, we had a patient in our hospital with fever hemorrhages. Nothing we could do seemed to stop them, so with the physician's consent I decided to try the formula, as I read it in the JOURNAL, and to my great relief and satisfaction I can safely say the remedy saved our patient's life, for he is living to-day. Six or eight ounces of sterile water, one drachm spirits turpentine, yolk of one egg, no white, and to this was added by the doctor's order one-half drachm opium.

Hoping this may help some of our sister nurses,
Huntington, W. Va.

MARY GAULE, R.N.

COST OF ENDOWED ROOMS FOR NURSES

DEAR EDITOR: In reply to "An Alumnae Officer's" inquiry about the rates of endowment for a sick bed for graduate nurses, I wish to state that the late Rev. Mother Superioress (Mother Louis Gonzaga), of St. Vincent's Hospital, New York City, gave a room containing two beds to St. Vincent's graduate nurses, for five thousand dollars each, with an agreement signed in behalf of both parties to pay at least five hundred dollars annually. A cousin of one of the graduates furnished it for them.

R.N.

EFFECT OF ALCOHOL ON A PATIENT IN LABOR

DEAR EDITOR: A few days ago, in talking with one of the first gynæcologists of this city, I learned something of such importance that I hasten to pass it on, though it may not be so new to other nurses as to me. He was speaking of the danger of taking alcohol without a doctor's order and in proof of it told me the following story:

A patient of his waked one morning, and, feeling that her labor was beginning, took a dose of brandy before sending for doctor or nurse.

"She did not know," he said, "its effect on the uterus, and did it in ignorance, but it got in its work before I could get in mine and she died. I attribute her death entirely to the brandy."

"What did it do?" I asked.

"Acted like a premature dose of ergot and prevented the natural expansion. We worked over her all day but we could not save her."

I asked if it was an effect peculiar to brandy or if whiskey would have acted the same. He replied that it was the alcohol and any liquid containing it should never be allowed during the expansive stage of labor.

I do not give the physician's name because I neglected to ask his permission to do so, but he is very high in the profession.

Surely this is one more argument in favor of our using our opportunities to teach the unknown dangers in the use of drugs without prescription.

It would be interesting if we could learn in how many cases of tedious labor the patients had "braced up" on alcoholic stimulant. Perhaps some nurse who has large obstetrical practice in a maternity hospital can make some observations along this line. When I was doing mission work once I was called to a case where doctor, nurses (attendant neighbors), and patient were all half drunk and the baby's neck had been broken in the use of instruments, but that hardly comes in the same class.

Let us do our uttermost to teach the dangers from drugs that so many do not suspect. And let us use every opportunity of learning the facts that will make us able to teach accurately and impressively.

Very sincerely yours,

Brooklyn, N. Y.

E. BERTHA BRADLEY, R.N.

BREAD-MAKING

DEAR EDITOR: In your editorial upon bread-making, I was glad to read ideas upon the subject the same as my own. When I am at home, off duty, I sometimes make a loaf of bread and had just done so when called upon my last case. The lady with whom I live put the loaf in my suit case. At the first meal in the family of my patient I produced my bread, explaining that the lady with whom I lived insisted upon my taking it. When the loaf was finished the lady in the family where I was nursing said: "You may make some *pread* if you want to." It was a congenial, convenient place and I could do so easily without neglecting my work. The children ate some of the rolls and one of them said: "Miss Huntington I like your bread."

I believe that pure bread cannot be bought. One of the important events of President Roosevelt's administration was his signing the pure food bill, and an important work for the future president is to regulate the manufacture of

bread that it may be pure. Does not what we are and what we do depend somewhat upon the purity of the food we eat? Bakers' bread is anything but pure.

Bakers' bread is adulterated, therefore it is not pure; said to be made of the most inferior of flour, therefore it is non-nutritious; always sour, though the majority of people do not detect it, therefore it is poisonous and can cause slight autotoxæmia.

If people realized the value of whole wheat, graham, and corn breads, in their healthful effect upon the liver, and also the value of pure home-made bread, the intelligence and the health of the nation would be improved.

I have always thought that purity of food was an overlooked question and not long ago I read the statement of a scientific man, whose name I do not recall, that most illness was caused by poisonous effects of impure food; but that the condition of having impure food was hard to overcome because men, as a rule, marry women who are simply good-looking, not inquiring whether or not they are intelligent.

EDITH C. HUNTINGTON, R.N.

REORGANIZATION

DEAR EDITOR: May I express my opinion regarding the meetings of the Superintendents' Society and the Associated Alumnae? Our present method is nothing short of absurd. Why divide our forces and limit the good we can do or the good to be gained by meeting in different places at the same time, instead of the same place at the same time? Nurses as a rule are limited in both time and money, and consequently must choose one or the other, when it seems entirely unnecessary they should be deprived of either. It looks like bad management or possibly a lack of broad general interest for the best good of all. I feel sure that if the meetings were held in the same place it would simplify the matter of reduced railroad rates.

Chicago.

IDA M. TICE.

[The attention of a correspondent signing herself "A Scottish Nurse" is directed to the fact that no anonymous letters are published in this department. The full name and address of the writer must accompany her communication, though only initials need appear in the JOURNAL if so desired.—ED.]

ANTI-OPIUM BILL PASSED

The anti-opium bill passed the Senate, and will thus become a law. The bill forbids the importation of opium into the United States except for medicinal purposes. The successful passage of the bill came in time to be of value to our delegates in Shanghai, in attendance at the anti-opium conference.

NURSING NEWS AND ANNOUNCEMENTS



INTERNATIONAL

THE INTERNATIONAL COUNCIL OF NURSES

Council Chamber, Caxton Hall, Westminster, London, S. W., England, Monday,
July 19, 1909, at 11 A.M.

The Chair will be taken by the president or her representative at 11 A.M.

Order of Business.

Address of welcome and watchword until next meeting.

Reports from Federated Councils:

1. Great Britain and Ireland, Mrs. Bedford Fenwick.
2. United States of America, Miss Nutting.
3. Germany, Frl. Karll.

Admission to membership of the National Councils of Holland, Finland, Denmark, and Canada.

Presentation of the presidents of councils and credentials of delegates.

Election of officers for the next quinquennial period.

Amendments to the constitution and by-laws:

1. To substitute the word "may" for "shall" in regard to the honorary presidency.
2. To substitute "two" for "four" delegates from each country.
3. To change times of meetings from every five to every three years (amendment submitted unanimously).

Resolutions.

1. Supporting the enfranchisement of women and congratulating the women of Norway and Sweden on their recent victories.

Other resolutions will be placed upon the order of business as they are received and passed upon.

Selection of next meeting place.

New business.

The program of the International Council proper is to be distinguished from that of the Congress, which will follow on the three days, the 20th-23d of July. The Council meeting is official, the Congress general. The program of the Congress promises to be of unusual interest, and it is hoped that nurses will be present in great numbers. No credentials are required for the Congress, but members of the International Council will be presented with a badge and will have their seats reserved on the day of the business session.

LAVINIA L. DOCK, Secretary.

NATIONAL

ASSOCIATED ALUMNÆ ANNOUNCEMENTS

SECRETARIES of all affiliated associations are requested to send, not *later* than *April 1*, names and addresses of delegates who will represent their associations at the Associated Alumnae meeting in June. If there has been a change

of secretary or if an address has been changed which has *not* been published in the JOURNAL, it should be reported promptly, otherwise important communications will go astray.

193 Frederick St., Detroit, Mich.

SARAH E. SLY, Secretary.

TO THE AFFILIATED STATE SOCIETIES: As usual, all reports pertaining to state work will be condensed and incorporated in the inter-state secretary's report at the Minneapolis meeting.

Will the secretaries kindly see that brief reports of the work accomplished since the San Francisco meeting are sent not later than *April 15?*

193 Frederick St., Detroit.

SARAH E. SLY, Inter-State Secretary.

MASSACHUSETTS

Boston.—THE MIDWINTER MEETING OF THE MASSACHUSETTS STATE NURSES' ASSOCIATION was held in Boston, on January 15. Over one hundred nurses were present and a good deal of enthusiasm was manifested. Miss Riddle, the president, presided and said the association has grown into the habit of presenting a bill to the Legislature each year and, in order to carry out that habit, a meeting had been called to discuss the proposed bill and get the advice of our friends. The first speakers, Representative Norman H. White, Dr. Herbert B. Howard, and Honorable John L. Bates, were in favor of a bill demanding two years' training in a hospital, but thought it would be difficult to get such a bill passed, as it involves a principle which Massachusetts has always refused to put into law. Doctors, lawyers, and others who have asked for state registration in Massachusetts, have not been able to get a law demanding that applicants be graduates of any special school, or that they take any special course, but only that they pass the required examination. The association was told that the problem which confronts the nurses of Massachusetts is: Whether to insist on having a bill which they think is right, or to be willing to take the best one they can get passed, and afterward try to amend it. They were advised to accept the best legislation now obtainable, as they felt sure the state would make it better in the future. The association was fortunate in having Sophia F. Palmer as a guest, for she strengthened its determination to ask for what it thinks is right. She said that, personally, she did not believe in making too many concessions, and advised the nurses to stand by their guns and be defeated until they can get the bill as they want it, for no board of examiners can judge of a woman's thoroughness and trustworthiness or manual dexterity. Miss Palmer's remarks were received with applause. Each of the speakers emphasized the value of individual work. After the meeting adjourned a collation was served.

THE BOSTON NURSES' CLUB has had some interesting and valuable lectures this winter as follows: January 7, "Spinal Meningitis," Dr. Charles Hunter Dunn; January 21, "The Guild of St. Barnabas as One Safeguard against Commercial Tendencies," Rev. Alexander Mann, D.D.; February 4, "Some Things We should Know about the Nose and Throat," an illustrated lecture, Dr. William E. Chenery; February 18, "Finance," Dr. Eliza T. Ransom. Subjects to be presented are: March 4, "Parliamentary Law," Mary M. Riddle; March 18, "Bacterial Vaccine," Dr. Rogers Lee; April 1, "School Nursing," Dr. Margaret Carley.

THE MASSACHUSETTS GENERAL HOSPITAL TRAINING SCHOOL held its graduating exercises on the evening of February 16 at the hospital, the principal address being given by Dr. Maurice H. Richardson. A reception followed at the Out-Patient Department. The nurses' *alumnæ* association of the hospital gave a birthday tea on February 23 at the Thayer Library, the proceeds to be used as a nest egg for the sick relief fund.

Rutland.—THE STATE SANATORIUM in its annual report, at the end of ten years of service, makes an appeal for funds for a nurses' home, capable of accommodating twenty-five. Of the 230 incipient cases discharged during the year, over 33 per cent. were apparently cured, in over 46 per cent. the disease was arrested, over 17 per cent. were improved, and only 3 per cent. showed no improvement.

RHODE ISLAND

Providence.—THE ALUMNÆ ASSOCIATION OF THE RHODE ISLAND HOSPITAL has issued a report of its work for 1908, which gives clearly and in an interesting way an account of the meetings held, giving both the social and business sides. The report includes the by-laws of the association and lists of officers and members. The association was founded in 1896. It maintains a room for sick nurses and a sick benefit fund. Meetings are held at the homes of the members. The president is Miss Fleming; the secretary, Miss Fitzpatrick, 17 Jenkins Street.

CONNECTICUT

Danbury.—THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT held its regular quarterly meeting in Danbury on February 3, Martha J. Wilkinson, president, in the chair. Dr. Keeler, of Danbury, gave an address of welcome. The subject of the meeting was "Tuberculosis" and Miss Wilkinson gave a talk on the work as carried on in Hartford, both in the institutions and by the visiting nurses. Her complete familiarity with every phase of the work makes her handling of the subject most instructive. Winifred Ahn, of the Bridgeport Hospital Training School, gave a practical talk on "How Can the Tubercular Case best be Cared for in the Small General Hospital?" Miss Ahn showed that practical common sense in adapting the means to the end would result in effective care of the tubercular case without detriment to other cases, nurses, or help. Other papers were read by Miss E. A. Somers, of Waterbury, and Mary Macauley, of Danbury. Mrs. E. Baldwin Lockwood was appointed delegate to the Associated *Alumnæ* convention to be held at St. Paul in June. The sum of \$50.00 was voted for delegate's expenses. Dr. Keeler, of Danbury, gave a brief talk on diet and disinfection in tuberculosis. The Danbury Association of Nurses gave a tea at the close of the meeting. The annual meeting of the association will be held at the New Haven Hospital on May 5.

NEW YORK

New York City.—

CONTRIBUTIONS TO HOSPITAL ECONOMICS FUND.

Previously acknowledged\$8943.90

Endowment Fund:

Virginia nurses	25.00
Good Samaritan <i>Alumnæ</i> Association, Los Angeles, Cal.....	25.00
Brooklyn (N. Y.) Homœopathic <i>Alumnæ</i> Association....	20.00

Graduate Nurses' Association of Dayton (Ohio) and vicinity	\$25.00
Helen Balcom	5.00
Miss Hurlbut	10.00
	<hr/>
	\$9053.90

Current expenses:

Interest on Investment.....	\$100.00
Mt. Sinai Alumnae Association.....	100.00
St. Luke's (New York) Alumnae Association.....	25.00
Mary A. Samuel.....	5.00
Sarah J. Graham.....	5.00

By error, the contributions from nurses of Colorado, Maine General Hospital Alumnae, Graduate Nurses' Associations of New Hampshire, and Indiana, amounting to \$299.10, which had been already acknowledged in the June, 1908, JOURNAL, were again recorded in the January list. This explains the discrepancy between the balance given there and that above as "previously acknowledged."

The students have recently been very much interested in a lecture given by Susan Tracy, a former student in the Hospital Economics Course, who has been for some years making a special study of invalid occupations and has as a result developed something which is unique in its field and should prove of great value to nurses. Her talk was illustrated by a very interesting exhibit, showing the different articles and materials which she uses in the work.*

She takes the ground that, as a general thing, there is no one but the nurse to regulate the daily life of the patient and to provide for him occupation or amusement. She has devised a variety of occupations for the sick of all ages, from the small child to the elderly man or woman, suitable for many conditions of illness and for prolonged convalescence. Much ingenuity has been shown in devising occupation for the child in the poor house where there is little material to utilize and no money; also for cases of contagious disease, where, during convalescence, articles must be used which can be destroyed or sterilized. For older, active-minded boys and girls, where a certain amount of mental effort is desired, various interesting forms of decoration—stencilling, etc.—are taught. In some instances the articles are of a nature which might very well be sold, and thus prove helpful to the needy patient who has gone through a long illness.

It is impossible to do more than touch upon the general scope and purpose of the lecture, but Miss Tracy's talk, which was greatly enjoyed not only by the Hospital Economics students, but by other students in the college, suggests a large field which Miss Tracy has made practically her own up to the present. In the hospital of whose training school Miss Tracy is the head, occupation is prescribed for the patient, very much as medicine might be. The patient carries into the workshops a prescription defining the nature of the work which he is to do and the length of time which is to be occupied in doing it, and he does his work there under careful supervision.

* A full description of Miss Tracy's work may be found in the JOURNAL for December, 1907.

On the evening of the same day Miss Tracy repeated her talk before the students of the Training School of the Presbyterian Hospital.

A valuable addition to the regular courses in the college and the university comes in the shape of a new course of lectures on "Sanitary Science and Public Health," which is being given under the auspices of the university at the College of Physicians and Surgeons, during the second half term. It is proposed ultimately to establish a School of Sanitary Science and Public Health, and this course of lectures forms the first step in that direction. Some of the subjects dealt with are the methods of transmission and methods of prevention of communicable disease; factors influencing the health and death-rate of cities; infant mortality and its reduction; school hygiene and sanitation; industrial hygiene and sanitation; factory inspection and dangerous trades; together with such practical subjects as tenement house sanitation; quarantine and disinfection; street cleaning, garbage collection and disinfection; and all subjects are treated by experts eminent in their special fields. It is interesting to note in the course a lecture by Richard Clarke Cabot, of Harvard, on "Visiting Nursing and its Influence on the Prevention of Disease." As many of the Hospital Economics students as are free attend these lectures, but this year, unfortunately, they conflict in some measure with a required subject.

ADELAIDE NUTTING,
Director of Hospital Economics.

THE ASSOCIATION OF PHYSICIANS OF THE NEW YORK CITY MILK DEPOTS has arranged for a series of lectures on "Infant Feeding and Infant Hygiene," to be held in Assembly Hall, United Charities Building, 105 East 22d Street. Doctors, nurses, social workers and others interested are welcome. The lecture hour is 3 P.M. Subjects and dates are: "Value of Fats in Infant Feeding," John Howland, M.D., March 3; "Infant Feeding, its Relation to Infant Mortality," Jos. E. Winters, M.D., March 13; "Value of Carbohydrates in Infant Feeding," Henry Dwight Chapin, M.D., March 26; "Milk Sanitation," Rowland G. Freeman, M.D., April 14; "Hygiene of Infancy," Wm. P. Northrup, M.D., April 23; "Dietary of Children after the First Year," L. E. LaFetra, M.D., April 30.

THE BOARD OF MANAGERS OF BELLEVUE TRAINING SCHOOL has offered to the alumnae association the old nurses' home, at 426 East 26th Street, for a clubhouse, as soon as the school moves into the new building. The managers will retain the title to the property, the alumnae association paying a nominal rental. The building will be remodelled, and steam heat put in. The only condition is that the association maintain a dining room, of which the graduate nurses working at the hospital are given the privilege, such as the social service and tuberculosis nurses. If the plan proves a success, the building may be enlarged later.

DR. SMITH, OF HARTFORD HOSPITAL, is to come to Bellevue as superintendent of the hospital. Dr. Smith's appointment is doubly interesting from the fact that his wife is a trained nurse.

THE MT. SINAI ALUMNAE ASSOCIATION at its January meeting elected the following officers: president, Laura R. Logan, R.N., Mt. Sinai Hospital; vice-president, Rose L. Johnson, R.N.; corresponding secretary, Elona N. Underwood, R.N., 54 Morningside Ave.; assistant corresponding secretary, H. Gellnor, R.N.; recording secretary, E. Elliott, R.N.; treasurer, S. Shilliday, R.N., 102 E. 61st Street; assistant treasurer, J. Greenthal, R.N. Directors: S. W. Newman, R.N., Frida L. Hartman, R.N., Mrs. Scott, R.N.

MISS DEWOLFF, for some time a member of the Nurses Settlement, has taken a position as social service nurse for Mt. Sinai Hospital. Miss Johnson and Miss Forbes, also formerly settlement workers, and nurses, have been appointed to some new and interesting work under the New York Education Association, a voluntary body. They study the environment and home and living conditions of children who cause anxiety to the teachers, and also study the children themselves with care, being for this purpose admitted to the class-rooms, the purpose of their work being to discover causes which may lead to delinquency and so prevent children from going far enough to fall into the hands of the truant officer. It is purely social work, not taking up the physical causes which are watched over by the public school nurses. It calls for great delicacy and intelligence, and is deeply absorbing.

A LETTER written by a private duty nurse complains with just indignation of the conditions of many commercial registries in New York which not only charge the usual registry fee but also exact 10 per cent. of all the nurse earns. Is it possible that it is legally allowable for such extortion to be practised? How long will it be before the private duty nurses of New York City put an end to this by taking the control of the whole business of registries themselves?

Brooklyn.—THE BROOKLYN HOSPITAL TRAINING-SCHOOL ALUMNÆ ASSOCIATION held its monthly and annual meeting at the training school on February 2. The reports from the secretary, treasurer and chairman of the Club-house Committee were very satisfactory, showing increased interest in all alumnae affairs. Fourteen new members have joined the association during the year, making the membership 139. Nine have received sick benefits, and all made a good recovery from illness. The principal amount of the invested funds of the association is nearly \$10,000.

THE BROOKLYN HOMŒOPATHIC HOSPITAL ALUMNÆ ASSOCIATION elected the following officers at its annual meeting: president, Sarah A. Egan, 126 Greene Avenue; vice-president, Emma L. Park; secretary, Stella M. Healy, 126 Greene Avenue; treasurer, Imogene Pearn; auditor, Mary Griswold.

Yonkers.—MISS BIDMEAD, recently at the S. R. Smith Infirmary, is to take charge of St. John's Hospital.

Albany.—THE SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES IN THE HUDSON VALLEY met January 6, in Albany, on the invitation of Miss Alline and formed an organization for training-school progress. The objects of the association are to promote the interests of training schools and the nursing profession, consider ways and means for such movements, secure uniform methods, and discuss questions of interest, and to promote professional intercourse among those engaged in training-school work in this section of New York.

The following were present: Anna L. Alline, R.N., State Inspector of Training Schools; Miss Root, Gloversville; Miss Caddy, Oneonta; Miss Schulz, Saratoga; Mrs. Alvis, Cohoes; Miss Brown, Hudson; Miss Arnold, Troy; Miss Littlefield, Schenectady; Sister Rose Hopkins, Troy; Sister Mary Cyril, Troy; Miss Taylor, Albany; Miss Jackson, Schenectady. The association is to be composed of the training-school superintendents or their representative. The meetings are to be informal and will be held on the second Saturday of every other month, at the different hospitals represented, each member in turn entertaining the organization, presiding at the meeting and providing the subjects for discussion. Esther T. Jackson, of Schenectady, was elected secretary of

the association for one year. The program for the March meeting will be a discussion on dietetics following a review by Miss Carpenter of Pope and Carpenter's Dietetics. The new syllabus, just issued by the State Board of Regents, will also be discussed.

Each member gave a short sketch of the hospital and training school she represented. The meeting adjourned to meet in Cohoes, N. Y., March 13, 1909. A social hour and refreshments concluded a most enjoyable afternoon.

Syracuse.—THE ALUMNÆ ASSOCIATION OF THE HOSPITAL OF THE GOOD SHEPHERD held its regular meeting at the nurses' home on January 28. After the transaction of business, Irene M. Johnson gave an account of her last summer's European trip. A social hour followed.

THE CLASS OF 1910 gave a demonstration of some practical methods to members of the medical and nursing professions on January 26.

MARY E. SHEEHAN has accepted a position in a tuberculosis ward at Bellevue. Pearl Beecher left on January 13 for the Presidio to take up army nursing. Julia Domser and Catherine Walters are spending the winter with patients in California.

Rochester.—THE HOMŒOPATHIC HOSPITAL is instituting in a small way a department for social service, which will be enlarged if it proves successful. Miss Toohill, who has been employed with Miss Lombard by the Public Health Association in district and sociological work among tubercular patients, will take up this new work.

THE HOMŒOPATHIC HOSPITAL ALUMNÆ ASSOCIATION held its quarterly meeting on February 2. Reports for the year of the Relief Committee and the Allerton Memorial Committee were read. The removal of the registry from the hospital was discussed. Ten nurses volunteered to help Miss Toohill in the social settlement work connected with the dispensary. Three members joined the association. At a social meeting held February 9 a variety shower was given for Maude Wilson, R.N.

THE ROCHESTER CITY HOSPITAL has received a gift of \$400,000 from Mr. Eastman which will be used for new buildings.

NEW JERSEY

Orange.—THE ALUMNÆ ASSOCIATION OF THE ORANGE TRAINING SCHOOL held its regular meeting on January 20. The question of sending a delegate to the next convention of the Associated Alumnæ was discussed, and correspondence relating to various subjects was read. Several means were suggested by which the funds of the association could be increased, among them being the payment of higher dues and private subscriptions.

Newark.—LILLIAN M. FORSYTHE, class of 1907, Seney Hospital, Brooklyn, has accepted the position of superintendent of the Newark Private Hospital.

Paterson.—THE ALUMNÆ ASSOCIATION OF THE PATERSON GENERAL HOSPITAL held its regular meeting at the hospital on February 2. Sixteen active members answered the roll call. After the business meeting, Miss Dock spoke on the relation of the woman's suffrage movement to nursing. She portrayed the frightful condition of nursing in countries where there is no movement of women toward suffrage, showing how much is due the pioneers of the woman movement. Over forty nurses were present to hear Miss Dock. A social time followed.

PENNSYLVANIA

Philadelphia.—THE INTERNATIONAL TUBERCULOSIS EXHIBITION which has been seen in Washington and New York, was opened on February 15 to continue until March 15, under the auspices of the Department of Public Health and Charities. Lectures will be given on special days to special classes of the community.

THE ALUMNÆ ASSOCIATION OF THE PRESBYTERIAN HOSPITAL presents a semi-annual report as follows: Monthly meetings have been held with an average attendance of twenty-five. At the November meeting, Mrs. Graham, of Kadoli, India, gave an address concerning her work among orphans. The association has been sending an annual donation for the support of four children. In December, Dr. Howard M. Anders spoke on "Ride Not a Single Hobby." In January, Mrs. M. W. Sloan gave a practical demonstration of the modification of cow's milk, and Miss Kneeland, of the Tabernacle Presbyterian Church, spoke on "Current Events." At the February meeting, the report of Sarah Crossett, who had been sent to the JOURNAL stock-holders' meeting, was read.

THE ALUMNÆ ASSOCIATION OF THE PENNSYLVANIA HOSPITAL held a fair in the Assembly Hall of the hospital in December for the benefit of a fund for its sick members, which was most successful financially and socially.

The annual and social meeting of the association took place in the nurses' home, January 20, the members of the graduating class attending as guests. The following members were elected to office for the ensuing year: president, Alice M. Garrett; vice-president, Anna C. Garrett; secretary, Elizabeth L. Powell; treasurer, Martha Smith.

It is with regret that the association accepts the resignation of Emma C. Lindberg who has served most faithfully as secretary for four years.

L. A. GIBESON, class of 1900, hospital of the University of Pennsylvania, has accepted the position of superintendent and head nurse of the Oncologic Hospital. Marie Rose, class of 1905, has been appointed anæsthetist in the University Hospital.

Allegheny.—THE ALLEGHENY GENERAL HOSPITAL NURSES' ALUMNÆ ASSOCIATION held its regular meeting at the hospital, February 1. The president appointed the following committees for the year: Social Committee, Misses Chaytor, Shontz, Limberg, Brown, Chatham, and Wallace; Sick Committee, Misses Gibson and Limberg; committee to look after delinquent members, Misses Gibson and Chaytor; committee on resolution of condolence, Miss Hackbart, with privilege to choose her assistants.

MRS. MARY LINN, class of 1896, Allegheny General Hospital, has been appointed district nurse for the Soho Baths Settlement House of Pittsburg.

Pittsburg.—SARA D. FARROLL, class of 1900, Chicago Hospital Training School, has accepted the position of superintendent of nurses at the Montefiore Hospital.

South Bethlehem.—THE THIRTY-FIFTH ANNUAL REPORT OF ST. LUKE'S HOSPITAL tells of the importance to the hospital and community of the new pathological laboratory which was opened last July. A new pavilion has been recently completed for the Lehigh University students. During the year 1147 patients were treated in the hospital, more than one-third of these being employees of railroads, furnaces, mills, mines and quarries. Two nurses were graduated from the training school in the fall. Victoria White, who was for

seventeen years superintendent of nurses, is now assistant superintendent of the navy nurse corps; she is succeeded by Marie Schley Brown.

DISTRICT OF COLUMBIA

Washington.—THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold examination of applicants May 3 and 4, 1909. All applications must be in before April 15. Apply to the secretary.

KATHERINE DOUGLASS, Secretary,
320 East Capitol Street.

AT THE CONFERENCE FOR THE STUDY OF DEPENDENT CHILDREN held in the District, the ladies of the Congressional Club gave a reception, at which Jane Addams, of Chicago, and Lillian D. Wald, of New York, were the guests of honor. The conference adopted resolutions which may be summed up as follows: That the particular conditions and needs of each destitute child should be carefully studied and he should receive that care and treatment which his individual needs require. Such care and treatment should be as nearly like the life of other children of the community as possible. The conference asked President Roosevelt to send a message to Congress urging favorable action upon the bill for a Federal Children's Bureau.

THE HEALTH OFFICE recommends to the commissioners the appointment of a chief medical inspector of schools, eighteen medical inspectors and six school nurses.

THE SOCIETY FOR THE PREVENTION OF TUBERCULOSIS has organized a class of ten persons at Neighborhood House, supported by a local society composed of ladies of the Presbyterian Church of the Covenant, at a cost of about \$1000 per year. Dr. Randolph has the class in charge and is assisted by a practical nurse. A class for colored patients will be formed in the near future, which the society hopes some other local church will support. Free clinics are held every morning at the headquarters of the society on G Street and in the evening at Neighborhood House. The society has affiliation with four of the largest hospitals in the city where the patients are sent for the clinic instruction.

THE COLUMBIAN WOMEN have set Monday of each week for nurses' day at their house, 1536 I Street. On February 1, Miss Strubel, superintendent of the George Washington University Training School, was hostess.

A NIGHT CLINIC has been opened by the Association for the Prevention of Tuberculosis in the Free Dispensary for Consumptives. The hours are from 8 to 9.30 o'clock. This is to accommodate persons who must work and cannot get away to attend the regular afternoon clinics. Examinations are made and treatment given free of charge to those who cannot afford to pay.

MARYLAND

Baltimore.—THE MARYLAND STATE ASSOCIATION OF GRADUATE NURSES held its sixth annual meeting on the afternoons of January 27 and 28, in the Arundell Assembly Rooms. There was a large attendance at both meetings.

The first session was opened with prayer by the Rev. Donald Guthrie of the First Presbyterian Church. The president, Miss Parsons, in her annual address spoke briefly concerning some of the questions uppermost in the minds of the nurses in the field to-day, and closed her remarks with these words: "Let us

remember that circumstances are always changing; conditions that met the needs of yesterday will not satisfy to-day. The customs of to-day must yield to the demand of to-morrow—thus progress is attained." Then followed the annual business session. Reports from the various committees showed that much good work had been accomplished. Helen C. Bartlett, chairman of the Committee on Almshouse Investigation, showed in her report that considerable work had been accomplished by this committee in assisting Dr. Herring, secretary of The State Lunacy Commission, in the campaign now being waged in Maryland to secure state care for the indigent insane. One of the most important reports in the business session was that of the Central Directory Committee, after which the state society voted to instruct the Central Directory Committee for 1909 to proceed to establish a Central Directory in the new medical and surgical building, sometime during the coming year. The meeting then adjourned to the parlors of the Arundell Club where tea was served by the Johns Hopkins Hospital Nurses' Alumnae Association.

On the following day luncheon was served at the New St. James Hotel at one o'clock. At three o'clock the meeting was called to order in the assembly rooms of the Arundell Club, and the principal address of the afternoon was by Janet E. Richards, Washington, D. C., who spoke on "Woman's Work in the World To-day." Miss Richards spoke very interestingly of the many phases of the work of women in the world to-day and gave the nurses a very comprehensive idea of how wide and how far the work extends. Then followed the election of officers: president, Georgina C. Ross; vice-presidents, Nettie L. Flanagan, Elizabeth G. Price; secretary, Sarah F. Martin, Robert Garrett Hospital; treasurer, Nannie J. Lackland, 1406 Park Avenue. Members of the Board for two years: Misses Marie A. Gorter, A. M. French, and Eleanor Parker. Members of the Board for one year, Misses Mary C. Packard, Mary E. Lent and Alice M. Woodward.

SARAH F. MARTIN, R.N., Secretary.

THE UNIVERSITY ALUMNÆ ASSOCIATION had a benefit night at Ford's Theatre on February 9, and in spite of inclement weather the house was packed and the returns gratifying.

AUGUSTA RUSSELL, a recent graduate of University Hospital, has accepted the position of superintendent of nurses at the Maryland Tuberculosis Sanitarium at Labellsville. Emma Wright, class of 1908, has charge of the operating room at the University Hospital, Miss Garin having resigned to take up private nursing. Miss Gaskill has recovered from a serious operation and long painful illness resulting from an accident received while in discharge of her professional duties.

CAROLINE VAN BLARCOM, class of 1901, Johns Hopkins, has taken charge of a tuberculosis sanitarium about to be opened in New Bedford, Mass.

SARA PARSONS, formerly of McLean Hospital, and for several years superintendent of nurses at Sheppard-Pratt Insane Hospital, Towson, has resigned and expects to take up private nursing.

ANNA ZANG, class of 1908, St. Joseph's Training School, has been made head nurse in the Hebrew Hospital.

WEST VIRGINIA

Huntington.—THE CABELL COUNTY GRADUATE NURSES' ASSOCIATION met on February 1 at Kessler Hospital. The directory for graduate nurses of the county was discussed and voted upon, votes of absent members being counted. It was decided to have the directory at the C. & O. Hospital with Miss Gaul as director. Registration matters were discussed, the occasion being an amendment to the bill now in force which had been introduced without the knowledge of the nurses of the state and which threatened to lower the standards. Resolutions of protest against such amendment were passed unanimously. Miss Morrison read a paper on "How I Prepared for an Emergency Operation in a Private House." The next meeting will be held with Miss Strain at Huntington Hospital. After the business session, visiting nurses were taken about the hospital. Two guests were present, Miss Rupert, of Richmond, and Miss Ellis, a graduate of Kessler Hospital.

NORTH CAROLINA

Winston-Salem.—L. EUGENIA HENDERSON, class of 1901 University of Maryland, has just completed a successful year as superintendent of Twin City Hospital.

SOUTH CAROLINA

Columbia.—L. V. LARUE, Woman's Hospital, Philadelphia, is relieving Mrs. Mary C. Ferguson, superintendent of Columbia Hospital, while the latter takes a ten months' rest, which was much needed.

GEORGIA

Savannah.—THE ALUMNÆ ASSOCIATION OF THE PARK VIEW SANITARIUM held its second annual meeting on January 7, at the sanitarium. New officers were elected: president, Clara A. Mathiack; vice-president, Carrie G. Abbott; secretary and treasurer, Annie Janow; chairman of arrangements, Ella L. Symons. Business was followed by a pleasant social evening.

TENNESSEE

Memphis.—THE GRADUATE NURSES' ASSOCIATION held its annual meeting on January 25, and elected the following officers: president, Sarah F. Woodward; vice-president, Corinne Buford; secretary-treasurer, Anna E. Benton; corresponding secretary, Ella Chisolm. This association was chartered in March, 1897.

OHIO

Cincinnati.—THE JEWISH HOSPITAL ALUMNÆ ASSOCIATION held its regular meeting in the directors' room of the hospital on January 1. Those present expressed their willingness to arouse more interest in the JOURNAL and gain new subscribers for it in accordance with the request made by the Nurses' Associated Alumnae. After other business, Florence Williams read an excellent paper, "Relation of the Graduate to Her School, Fellow Nurses, and the Public." A charming letter was read from Mrs. Ilsen, the absent president of the association, describing her Christmas experiences.

At the February meeting, held on the 5th, the subject of an endowment fund was brought up and discussed. All present favored this, rather than a sick benefit fund. A letter was read from one of the graduates of the school, Fannie

Adler, who was visiting Naples at the time of the earthquake, describing the manner in which the wounded were received there.

GRADUATES OF THE GOOD SAMARITAN HOSPITAL formed an *alumnæ* association at a meeting held at the hospital January 22. The officers elected were: president, Mrs. Mary Martin Brown; vice-presidents, E. Tully and M. Roddy; treasurer, Sister Mary Cyril; secretary, Josephine Heithaus, 4439 Tower Avenue, St. Bernard, Ohio. Meetings of a business and social nature will be held monthly.

Dayton.—THE GRADUATE NURSES' ASSOCIATION OF DAYTON AND VICINITY held a regular meeting on January 20 at the nurses' home, Miami Valley Hospital. Grace A. Greene gave a talk on Hamlet, her own interpretation, which was greatly enjoyed. A social hour concluded the meeting.

MINNESOTA

Brainerd.—THE ALUMNÆ ASSOCIATION OF THE NORTHERN PACIFIC BENEVOLENT ASSOCIATION TRAINING SCHOOL was organized in October with the following officers: president, Mable Cole, Glendive, Montana; vice-presidents, Mary Gavin, Emma Clark; secretary and treasurer, Maude Manning, Daytona Beach, Florida. The association starts with eleven members, the school being still in its youth, having graduated five classes.

MICHIGAN

Ann Arbor.—THE UNIVERSITY OF MICHIGAN NURSES' ALUMNÆ ASSOCIATION held a meeting on January 30. The registration bill was discussed. Papers were read on "The Care a Nurse Should Take of Herself," by Miss Sillman; and "Entertaining the Wealthy Convalescent Patient," by Miss Easton. Application blanks for membership in the association have been sent to all graduates and will be given to pupils as they finish their course; by this means it is hoped to increase the membership. In response to Miss Dock's request, some one will be asked to speak to the association on woman's suffrage. The obstetrical department of the hospital has been enlarged by two cottages, having thirty beds.

MISS ABBOTT has taken up school nursing in Chicago. Three graduates of the class of 1908 are superintendents of nurses in small hospitals, Misses Davis, Tuomey, and Burke. Miss Gillespie is an assistant superintendent, and Miss Wortman has charge of a surgical ward in the University of Michigan Hospital.

ILLINOIS

Chicago.—EVA L. DENNE, graduate of Kingston General Hospital, Canada, and former superintendent of the Samaritan Hospital, Sioux City, has been appointed to the position of assistant to the superintendent of nurses, Presbyterian Hospital. Mabel Adams, formerly a head nurse in the Presbyterian Hospital, has accepted the superintendency of Hope Hospital, Fort Wayne, Indiana.

METHA JORGENSEN, class of 1907, Augustana Hospital, was appointed assistant superintendent of nurses. Esther T. Jackson, class of 1904, has gone to Schenectady, N. Y., to take charge of Ellis Hospital Training School. Clara Kittleson, class of 1906, has been appointed surgical nurse at Ellis Hospital. Eva Nord has accepted a position as office nurse in Schenectady. Lucy Wood succeeded Miss Kittleson as assistant surgical nurse at Augustana Hospital. Victoria Carlson, class of 1908, has been appointed surgical nurse at Agatha Hospital,

Clinton, Ia. Agnes Nordby, W. Holmberg, Bertha Outzen and Anna Grover have received appointments on the Chicago visiting nurses' staff.

ADELE RICHARDS, class of 1908, Mercy Hospital, has gone to Mercy Hospital, Janesville, Wisconsin, as surgical nurse. Catherine Maloney, class of 1904, has taken charge of the Kenosha Hospital, Kenosha, Wisconsin. Euphemia MacNeill, class of 1902, has accepted the position of superintendent of the Evansville Sanitarium, Evansville, Indiana. Geneveive Dyer, class of 1908, has accepted the position of superintendent of nurses in Mercy Hospital, Madison, Wisconsin.

INDIANA

STATE MEETING.—THE INDIANA STATE NURSES' ASSOCIATION will hold its semi-annual meeting in Marion, on April 21 and 22, in the library building. It is very much desired, at this same time and place, to have a meeting of the superintendents of all hospitals and training schools of the state for the purpose of organizing for mutual help and improvement to themselves and their several institutions. The program is not yet complete but good things are promised, professional and social. This is the first meeting to be held in Marion and a good attendance is hoped for.

Indianapolis.—THE INDIANAPOLIS CITY HOSPITAL ALUMNÆ ASSOCIATION held its bimonthly meeting at the hospital on January 5. No business needing attention, the time was spent in a social hour and in hemming napkins for the room for sick nurses. Great sorrow was expressed at the death of Miss Wheeler, a member of the first class graduating from the training school, then the Flower Mission Training School. Many regrets were also expressed at the resignation of the newly-elected president, Josephine M. Gerin, who has resigned her position as chief operating room nurse at the hospital to become chief nurse at the French Lick Springs Sanitarium. The next regular meeting will be held at the hospital on the afternoon of March 9.

GRACE LETTS, class of 1907, Methodist Episcopal Hospital, Brooklyn, has been appointed night supervisor at the Deaconess's Hospital.

Richmond.—CORA V. NIFER, class of 1902, Indianapolis City Hospital, who has been for two years assistant superintendent of the Reed Memorial Hospital, has accepted the position of chief operating room nurse of the Asbury Hospital, Minneapolis.

COLORADO

Denver.—THE ANNUAL MEETING OF THE COLORADO STATE TRAINED NURSES' ASSOCIATION was held in the assembly hall of the Young Men's Christian Association Building on February 11 and 12. The afternoon of the 11th was devoted to the following program:

Invocation and address of welcome, Rev. David Utter. Paper, "The Sixth International Congress on Tuberculosis," Dr. R. W. Corwin, Pueblo; read by Miss L. A. Beecroft. Paper, "A History of School Nursing," Miss L. L. Rogers, Pueblo. Address, "Pure Food," Hon. Wilbur F. Cannon, Denver. A musical program was interspersed.

The business session was called to order on February 12 by Miss Beecroft, the president. Reports showed a steady progress in the work of the association. The Boulder County Association and the Colorado Alumnæ Association were accepted as affiliated members. Mary B. Eyre was elected chairman of the Legislative Committee to watch for any adverse legislation that might come up

during the present session. Louise Perrin was elected delegate to the Associated Alumnae and Laura A. Beecroft to the Federation of Women's Clubs. The following officers were elected for the ensuing year: president, Mrs. Mary Thurston, Boulder; vice-president, Clara Stuevens, Denver; secretary, Louise Perrin, Denver; treasurer, Marguerite Bullene, Denver; new member on board of directors, Laura Beecroft. The association endorsed Mary B. Eyre for reappointment on the State Board of Examiners. Lunch was served to the members in the café of the new Y. M. C. A. Building.

LOUISE PERRIN, Secretary.

OKLAHOMA

Guthrie.—**MARTHA RANDALL, R.N.**, secretary of the Oklahoma State Association, has taken charge of the Methodist Hospital, an institution of twenty beds, with eight nurses in training. "A small institution with a big future." More executive workers are needed in Oklahoma.

WYOMING

Sheridan.—A MEETING OF GRADUATE NURSES was held in Sheridan on November 30, 1908, for the purpose of effecting an association of the graduate nurses of the state of Wyoming. There were present eight nurses. The time of this meeting was given to the discussion of the detail of an organization, the purpose of which was to be the securing of laws regulating the profession of nursing; the establishing of reciprocity between the nurses of Wyoming and other states, and the furtherance of all means aiming to elevate the standard of the nursing profession. After discussion and consideration of various ideas, Martha A. Converse, as chairman of the meeting, appointed a committee of three, Minnie Weed, Georgia Glidden and Mrs. W. A. Miller, to frame a constitution and by-laws. The meeting was then adjourned to meet on December 4 for the adoption of the constitution and by-laws and the election of officers.

At the second meeting the constitution and by-laws prepared by the committee were adopted and the following officers elected: president, Martha A. Converse, superintendent of the State Training Schools, Rock Springs; vice-president, Margaret A. Farrell; secretary, Mrs. Amy E. Miller, Sheridan; treasurer, Nell M. Martin, Sheridan. Mrs. Agnes E. Kane, Mrs. Geo. W. Perry and Georgia Glidden, all of Sheridan, were appointed as a Committee of Ways and Means, and Minnie Weed, of Sheridan, Hattie Grant, of Cheyenne, and Mrs. Jas. E. Mills, of Rock Springs, as a Committee of Membership.

Much time and discussion were then given the consideration and framing of a bill for the state registration of nurses to be presented at the next session of the Legislature, January, 1909. The passage of this bill will be of much importance in protecting the nursing profession from the incompetent, ignorant and unscrupulous, to whom the work of nursing now offers a fair field with no restrictions. It is estimated that the number of untrained women (consisting to some extent of rejected probationers and dismissed pupils), who are actively engaged in the work of nursing is nearly three times as great as the regularly qualified nurses.

The chief benefit of this bill, however, will be to the physicians and to the public, in furnishing them with means of discriminating between ability and incompetency, in supplying a guarantee that those who are known as registered

nurses have furnished satisfactory evidence to the state of their fitness and ability to give efficient care to the sick. It will inevitably result in improvement in the education and the training of nurses, but will in no way affect any person nursing the sick who does not assume to be a trained or registered nurse. It will, however, make it impossible for such persons to stand, as they do at present, on exactly the same basis as the nurse who has given two or three years of hard work and study to obtain her profession.

The association, in preparing the bill, has done so with the hope of establishing such standards as will enable a nurse registered in Wyoming to command recognition and respect anywhere.

The meeting then adjourned, with each member interested in carrying out the purpose of the association.

WASHINGTON

Seattle.—**THE BILL FOR REGISTRATION.**—Not only the members of the King County Graduate Nurses' Association but all the nurses of the state are watching with interest the present session of the State Legislature, for they hold "our bill" in their hands. It is known in Olympia as House Bill No. 18. Laura MacMillan, secretary of the state association, has gone to the capitol to assist Mrs. R. E. Buchanan, the able wife of the legislator who has stood sponsor for the bill, in lobbying.

At a meeting of the Executive Board of the King County association held at the Seattle General Hospital January 23, it was voted that Mrs. A. W. Hawley and the Executive Board should be the Legislative Committee, the same to meet with Miss MacMillan every Saturday during the session of the Legislature and help with her work as much as possible.

MRS. EDITH M. HICKEY, one of the Seattle school nurses, during the annual session of the Washington Educational Association held in Spokane, December 29–31, delivered two addresses on her work, one entitled "The Trained Nurse in the Public School," being a history of school nursing; and the other, "The Work of the School Nurse." Both addresses were followed by demonstrations of the work. Mr. Watson, superintendent of the Spokane schools, provided a class of children and a teacher. A great interest in this phase of education was created and many of the prominent educators of the state expressed the desire to see nurses in all the schools as soon as possible.

THE KING COUNTY ASSOCIATION during the month of June, 1908, affiliated with the Seattle Federation of Women's Clubs. It sent six delegates to the federation, three of whom are on important committees. This affiliation has been a great help and impetus to the nurses and they in turn will be a help to the federation.

MISS M. BAKENHUS, one of the charter members of the state association, sailed for Japan January 28, to make her future home. She carried the congratulations and best wishes of the association to her new home.

KING COUNTY ASSOCIATION.—The bill for registration was the chief topic of discussion at the regular meeting, held at the Graduate Nurses' Club on February 1. Miss Loomis, the president, reported the progress of the bill in Olympia and told of Miss MacMillan's work for it. Much personal work is being done by the nurses. The members learned with much sadness of the death of Miss G. V. Carlisle, of Tacoma. She was one of the State Councillors and had

endeared herself to the King County nurses by her devotion to the bill and her royal welcome at the annual meeting last June.

SEATTLE'S NEW EMERGENCY HOSPITAL is to open March 1 with Mary Schiach, a graduate of Seattle General Hospital, as superintendent and Miss Colton, a graduate of Lane Hospital, San Francisco, as surgical nurse. It is to occupy the fourth floor of the new City Hall and is to have capacity for about thirty beds.

PATIENTS IN HOSPITALS, and inmates of various charitable institutions in Seattle are enjoying complimentary concerts given by members of the local Musicians' Union, as voted by that organization last month.

THE WOMEN OF SEATTLE are beginning to interest themselves in an effort to provide the city with a properly equipped ambulance system, which does not now exist.

CALIFORNIA

San Francisco.—THE SAN FRANCISCO TRAINING SCHOOL ALUMNÆ ASSOCIATION in its annual report shows an increase of membership. The meetings have been of interest, and a fund for sick nurses has been started. The first loss by death occurred when Mary Coghlan died on November 25, after being severely burned. The officers for 1909 are: president, B. Espæset; vice-presidents, N. Wilcox, H. Collins; secretary-treasurer, Mrs. L. J. French; assistant secretary, L. Briggin. A recent meeting of the association took the form of a welcome home to Sara Campbell, returning after her thrilling experience in being shipwrecked and living on Christmas Island for ten weeks before being rescued.

Los Angeles.—THE CALIFORNIA HOSPITAL NURSES' ALUMNÆ ASSOCIATION held its regular monthly meeting on February 1, at the directory headquarters. The resignation of Miss Gelbert as secretary was accepted and Miss Franklin was elected to fill her place. The amendment to the constitution, changing the time of meeting from the first Monday of the month to the last was voted upon and carried.

MRS. CONSTANCE WILSON, class of 1903, California Hospital, is night superintendent of the Clara Barton Hospital. Miss Peterson has a position in the California Hospital of Sacramento.

CANADA

Toronto.—THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES has cause for gratitude and congratulation in the safe return and heroic conduct of one of the members of its alumnae, Miss M. Tweedie, class of 1894, who was a passenger on the wrecked steamer *Republic*.

From the account given in *The Globe* of Toronto we read the following: "Among the incidents which have been related regarding the sinking of the *Republic* there is none more creditable than that in which Miss Tweedie was the central figure. While the passengers of the *Republic* were standing on the Captain's deck with life-boats ready to lower, Miss Tweedie asked and obtained permission to visit her state-room to secure life-preservers for the three members of Colonel Mason's family (one of whom was her patient) and also herself. Groping her way down through the passages of the unfamiliar steamer, now in total darkness, she finally secured four life-belts, but could only carry two of these up the narrow staircase which led to the Captain's deck where all were assembled. Some one, meantime, had appropriated one of the belts she had left at the foot of the stair, thereby necessitating another trip down the dark

passages and stairs in order to secure a life-belt for herself. Later she heard of a poor Italian in the steerage, weeping bitterly because he could secure no life-preserver. So once more, although warned to make all possible haste as the vessel was in great danger, Miss Tweedie descended into the darkness, and finding the Italian, gave up her life-belt to him."

At the regular meeting of the *alumnæ* association, held at the Toronto General Hospital on the afternoon of February 3, Miss Tweedie gave a graphic account of the experiences she encountered from the time of the collision between the *Republic* and the *Florida*, until they landed on the pier in New York, where they were obliged to keep in a continual whirl to avoid the various cameras levelled at them. At the close of Miss Tweedie's address the president of the association, Miss L. Bowerman, in a few brief remarks, called the attention of the association to the fact that Miss Tweedie had said absolutely nothing about herself. Miss Bowerman then said that the association had heard that Miss Tweedie had lost her *alumnæ* brooch on the ill-fated steamer, and therefore had commissioned her, on behalf of the society to present Miss Tweedie with a new one, which she was asked to accept as a slight token of their appreciation of her brave and self-sacrificing conduct.

MINNIE SAMSON, class of 1907, Toronto General Hospital, has been appointed head nurse, Maternity Department. Margaret Thomson, class of 1908, has been appointed head nurse, Nervous Wards. Nellie Minns, class of 1908, is acting night supervisor. Grace Hodgson, class of 1893, late night supervisor, Lakeside Hospital, Cleveland, Ohio, has been appointed superintendent, Eye, Ear, Nose and Throat Hospital (Episcopal), Washington, D. C.

THE NURSES OF THE HOSPITAL FOR SICK CHILDREN were given a dance on February 5.

BIRTHS

At Philadelphia, a daughter to Dr. and Mrs. M. W. Sloan. Mrs. Sloan was Grace Thatcher, class of 1898, Presbyterian Hospital, Philadelphia.

In January, at Carnduff, Saskatchewan, a son to Dr. and Mrs. Brereton. Mrs. Brereton was Nellie Ross, class of 1904, Toronto General Hospital.

At Philadelphia, a daughter to Mr. and Mrs. Morris Rudderow. Mrs. Rudderow was Mary B. Cameron, class of 1904, Presbyterian Hospital, Philadelphia.

MARRIAGES

MATHILDA HJELM, graduate of Augustana Hospital, Chicago, to Mr. Joenson, Sweden.

AUGUSTA ANDERSON, graduate of Augustana Hospital, Chicago, to Charles Sackerson, Seattle, Washington.

JOHANNA NELSON, formerly assistant superintendent of nurses at Augustana Hospital, Chicago, to C. A. Hanson, Red Oak, Iowa.

On October 28, Ethel Carver, class of 1901, Indianapolis City Hospital, to W. H. Baker, M.D. Dr. and Mrs. Baker will live at South Bend.

On October 10, 1908, at North East, Pennsylvania, Alice Hampson, class of 1907, Presbyterian Hospital, Philadelphia, to Benjamin F. Ginder.

On February 3, at Toronto, Mildred Dean, class of 1907, Toronto General Hospital, to E. A. Dolson, M.D. Dr. and Mrs. Dolson will reside in Toronto.

On December 17, at Bethlehem, Pennsylvania, Caroline Gapp, class of 1906, Presbyterian Hospital, Philadelphia, to Walter Ross Dawson, of Roxborough.

ON January 13, at Pawtucket, Rhode Island, S. Eleanor Merrill, class of 1900, Massachusetts General Hospital, to J. Waldo Burnham Taylor, of Boston.

IN February, in Baltimore, Mary Eyerly, graduate of St. Joseph's Training School, to Eugene Pessagno, M.D. They will live at 2314 East Baltimore Street.

ON November 24, 1908, at Paradise, Pennsylvania, Mary Wenger, class of 1904, Presbyterian Hospital, Philadelphia, to Dr. Edwin Barclay Miller, of Altoona.

IN December, Katherine MacKinnon, graduate of Mercy Hospital Training School, Chicago, to Ralph C. Fiss. Mr. and Mrs. Fiss will live in Oshkosh, Wisconsin.

ON January 27, at Columbia, South Carolina, Emily L. Pinckney, class of 1906, Columbia Hospital, to Harry H. Griffin, M.D. Dr. and Mrs. Griffin will live in Columbia.

ON January 2, in St. Peter's Church, Toronto, Kathleen Alice Smith, class of 1904, Toronto General Hospital, to Walter H. Taylor, M.D. Dr. and Mrs. Taylor will live in Thessalon.

ON December 16, Grace Madeline Collins, class of 1908, Mercy Hospital Training School, Chicago, to Frederick C. Ridman, M.D. Dr. and Mrs. Ridman will live in Mason City, Iowa.

ON December 17, at Orchard House, St. Catherines, Ontario, Lilla J. Shepard, class of 1891, Toronto General Hospital, to William O. Stewart, M.D. Dr. and Mrs. Stewart will live at Guelph.

ON January 5, Maude Wallington, class of 1902, Grace Hospital, Detroit, to D. D. Frisbee. After spending the winter in California, Dr. and Mrs. Frisbee will live at 39 Atkinson Avenue, Detroit.

ON January 5, at Marietta, Pennsylvania, Minerva Mumma, class of 1901, University of Pennsylvania Hospital, to Charles H. Hancock. Mr. and Mrs. Hancock will live at 940 Riverside Avenue, Trenton, New Jersey.

DEATHS

AT her home in Chicago, after a lingering illness, Mary Butler, class of 1896, Mercy Hospital.

AT Atlantic City, of endocarditis, Margaret R. Anderson, class of 1906, Presbyterian Hospital, Philadelphia.

AT her home in Chicago, of heart trouble, Mrs. J. Ronan, formerly Geraldine Curry, class of 1895, Mercy Hospital.

ON February 1, after a lingering illness of scarlet fever, Nora Reid, class of 1908, S. R. Smith Infirmary, Staten Island.

ON February 4, at Fairhaven, Massachusetts, of pneumonia, Marianne A. Hirst, class of 1901, St. Luke's Hospital, New Bedford.

AT Washington, D. C., accidentally, from asphyxiation, Mrs. Bremerman, formerly Hebe Cutts, class of 1901, Presbyterian Hospital, Philadelphia.

ON February 7, at Detroit, Martha Collier, class of 1894, Farrand Training School. Miss Collier was an efficient member of the alumnae association of her school.

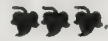
ON January 8, at Boston City Hospital, Mrs. John Howard, who was Connie Golden, class of 1906, Boston Medical Mission Hospital, class of 1907, Boston Floating Hospital.

ON January 30, at her home in Bellevue, Pennsylvania, Mrs. John Welsh, who was Pauline Herzog, class of 1896, Allegheny General Hospital. She was highly esteemed and loved by all who knew her. She leaves a husband and three sons.

AT Denver, Colorado, of pneumonia, Miss Wheeler, class of 1885, Flower Mission Training School, Indianapolis. Miss Wheeler had practised her profession in Denver ever since her graduation; she was a conscientious Christian woman and a good nurse.

ON January 5, Mary J. McNerney, class of 1903, St. Joseph's Hospital, Philadelphia. Miss McNerney was one of the most efficient members of her alumnae association, not only interested in doing conscientious work as a nurse, but in promoting the high ideals of the association. She gave diligent, gentle, and sympathetic care to her patients. Her associates feel that they have sustained a great loss.

PRACTICAL SUGGESTIONS



To wring out flannels easily from boiling water. Use a piece of half wool bed blanket, as wool can be wrung dry and cotton holds the heat, fold it the size desired, give it several twists, and, holding it by the ends, dip the middle in the water. Remove, keep twisting, exchange hands, so as to form a twist in the bottom. Every drop of water can be removed and the steam retained. Wrap in a dry flannel and apply.

T. M. M.

AN easy way to lift. Separate the feet twelve to fifteen inches, place the right foot one step in advance. Keep the back straight, the chest up. Bend at the hips if necessary, flex the knees strongly. In lifting allow all the weight to fall on the lower legs. You can lift easily and with no injury to yourself by this method.

T. M. M.

HOT sponging. Have a bucket filled with boiling water, and cover it to retain the heat. Have ready a large soft sponge, dip partly in the water and dry it on the side of the bucket. If possible, have a large handle made on the order of an electrode: if made of wood, one end can have holes to which the sponge is sewed. Sponge the surface rapidly until red, repeat if necessary. Hot sponging does not have as good an effect if the skin is hot and dry, but with a cold skin and a high temperature, it is both cooling and stimulating.

T. M. M.

A NICE method for a soap bath in bed. Have ready two bowls of water, 100° and 80°, two yards of cheese-cloth, a cake of ivory soap, three Turkish towels. Place one yard of cheese-cloth in each bowl, expose the part to be bathed, protect the bed with towels, cover the part to be bathed with the cheese-cloth wrung from the warmer water, lather your hands well with the soap and rub the part briskly. Remove the lather. Rub with the cheese-cloth from the cooler water, and dry with the towel. This method keeps the patient warm, there is friction enough to produce reaction, and the patient enjoys it.

T. M. M.

To prevent bed-sores, apply hot and cold applications to the tender spot. If the skin is broken, mentholatum is very healing.

T. M. M.

ORANGE juice is good for a typhoid patient. I have known cases where for the first week nothing else was given. T. M. M.

To cure a burn, place it in cold water, cold enough to relieve the pain, and keep it there until all pain is gone, even if it takes hours. It is a certain method of relief, though tedious. One woman, who had burned both hands, kept the more badly burned one in a pail of cold water all night, and by morning no trace of a burn remained on that hand, while the other was several days in healing. T. M. M.

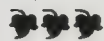
A LARGE necked bottle can be used as a substitute for a urinal. T. M. M.

FLAXSEED poultices can be kept hot, if they are made very soft at first, by placing several in a colander over a kettle of boiling water, under a tightly fitting lid. Where no colander is at hand, a piece of flannel can be used instead. T. M. M.

A PRINCESS apron, made of some serviceable material such as blue chambray, sewed up the back, with large sleeves, is convenient to have to slip over the uniform when doing dirty work. T. M. M.

IN the Southern California *Practitioner* for January is an article on "Tuberculosis—Its Treatment at the Los Angeles County Hospital" by Dr. D. C. Barber, in which attention is called anew to the great burden borne by the people of that section in having to take care of poor patients sent on from the east by misguided friends, who hope the patient may be benefited by the California climate, even though he has not means of support or strength to work. The County Hospital is supposed to receive only persons who have been residents of the county a year, "but when a human being, too sick to work and having no money, applies for help at your doors, there is only one thing to do—admit him, and do the best you can to aid and comfort the unfortunate one." Nurses who have influence with such people should exert it on behalf of keeping at home patients without means, for this is a kindness to the patient as well as to the long-suffering and much imposed upon dwellers in "the land of sunshine."

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

LILIES AND ORCHIDS. By Rosina C. Boardman. Price \$2.50 net. New York: Robert Grier Cook, publisher.

A series of drawings in color of some of the more interesting and beautiful species of three flower families growing in the United States east of the Rocky Mountains and in Canada, together with a few stray relatives from the Pacific slope. The author modestly sets forth the contents of her really beautiful book with so little claim for attention that one is truly surprised to find how much the work contains. There are twenty-four plates in color—most faithful reproductions of these beautiful and many of them rare flowers—each in itself a joy, and worthy of frame and a place on the wall where it would constantly remind the beholder of the quiet corners in the woods where the original is found, though, alas, as Miss Boardman only too truly laments, these shy beauties are each season becoming harder to find. It is a mournful fact that the very beauty which makes these lovely flowers so desirable is the greatest menace to their lives. Heedless flower pickers, who grasp not only the blossom, but tear up plant and root, are each year robbing us of the flowers which were meant to bloom freely for our universal satisfaction and delight. The book includes the lily family proper, with its members, wood lily, Canada, Turk's cap, tiger, day, Washington mariposa, etc., etc.; the lilies of the valley, which grow from root stocks, never, like the lily proper, from bulb or corms, and includes the Clintonia, Solomon's seal, spikenard, trillium and Indian cucumber and last but by no means least the orchid family including the lovely arethusas, grass pinks, ladies' slipper, ladies' tresses, pogonia, and the most familiar, and perhaps best loved of all, the various *Habenaria*, which we know as the wood orchis, the meadow orchis, or the bog orchis, in its many shades, and variously formed spikes of lavender, pink, yellow, and white, a single stem of which will scent a whole room.

Next to having the flowers fresh from their native haunts comes the pleasure of looking at their faithful reproduction—so true in drawing and color that one almost puts out one's hand to turn up the bending lily and look inside.

One can hardly overestimate the value in wholesomeness of an impulse toward nature study, and Miss Boardman is to be congratulated for giving us such an alluring invitation to go forth into the woods in search of beauty. The book will make a charming Easter gift for a nature lover.

THE BABY. A book for Mothers and Nurses. By Daniel Rollins Brown, A.B., M.D. Price \$1.00 net. Whitcomb and Barrows, Boston.

Seldom has it been the lot of the reviewer to chance upon a book written so understandingly and sympathetically by a man, on the "Baby"—a subject usually yielded up to the woman as belonging peculiarly to her province. The present work is designed as an aid to the mother or nurse upon whom rests the responsibility of guarding and nourishing the helpless infant through its early years. The author very rightly insists that upon the fidelity and capability of the mother and nurse in these early days, the welfare of the child depends throughout its life. The professional tone is entirely eliminated and in reading one constantly loses sight of the fact of being under the doctor's orders, although the conviction grows stronger and stronger that the writer knows all that is to be known about babies.

Touching lightly on the features in which the newly born differs from the adult, the pulse, respiration, digestion, etc., the writer passes on to the all-important subject of feeding (no doubt the infants would all applaud if they knew), giving the preference to the breast-feeding; he goes on to speak of substitute feeding where the mother is unable to nourish her child. Unlike many specialists on this subject he prefers the home modified milk to the product of the laboratory, distrusting the multiple handling necessary before the product reaches the baby. Granting that the mother or nurse makes herself intelligent as to the food values of the different parts of the milk, and the modification necessary, she can prepare the food accurately and at a far smaller cost than the laboratories will do it. Moreover it must be far toward compensation for being unable to nourish her child from her own breasts, if she personally sees to the preparation of her child's food and knows the integrity of its constituents.

The premature infant has a chapter to itself and a special table for its food which must needs be specially adapted to its low vitality.

Given its proper food and sleep, and the writer is very insistent on this point, proper clothing, fresh air, and cool baths, he sees no reason why the baby need have any ailments, but if it does there is a chapter on

the simplest means of relieving the small disorders as they appear, many or all of which he attributes to carelessness or worse in the guardian of the child.

On first walking, the baby is to be put at once into right and left shoes, failure to do so resulting in weakened arches and the consequent suffering in later years. The care of the teeth Dr. Brown considers to be preventive, and this may be regarded as the keynote of the book—keep the baby sound and healthy, inculcate good habits from birth, don't allow it to depart from the right path, and you are saved a lifetime of trouble and incidentally the baby is much better off.

VOMITING AFTER ANÆSTHESIA.—Dr Neef, in an article entitled "Practical Points in Anæsthesia," in the *American Journal of Surgery*, says: When it is important to avoid post-operative vomiting, gastric lavage with plain water, made faintly alkaline with lime water or milk of magnesia, may be done as soon as the narcosis is ended and while the patient is still on the operating table. During the procedure the head end of the table is lowered a few degrees.

I have gathered the impression that *crowding* is one of the prime causes of excessive vomiting after anæsthesia. It has been my experience that cases in which I could truly say that I had not crowded the anæsthetic and where it was not swallowed to any extent during the induction have suffered little or not at all from this disagreeable after-effect of the narcosis.

The attentive nurse will find that there are numerous little things, seemingly insignificant, that help greatly toward the patient's comfort. She may support the wound during a coughing spell or if the patient vomits. If her charge is tormented with nausea a piece of cotton saturated with a mixture of alcohol and acetic acid can be dropped into a tumbler and the patient allowed to inhale the vapor. If the lips and throat are dry and parched, moisture is grateful and small pieces of gauze wet with iced water may be laid over the lips and nostrils.

CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON GENERAL
FOR TWO MONTHS, ENDING FEBRUARY 15, 1909.

ALLEN, JEANETTE E., graduate of the Hospital of the Good Shepherd, Syracuse, N. Y., 1905, appointed and assigned to duty at the General Hospital, Presidio of San Francisco, Cal.

BEECHER, PEARLE B., graduate of the Hospital of the Good Shepherd, Syracuse, N. Y., 1906, appointed and assigned to duty at the General Hospital, Presidio of San Francisco, Cal.

BOLDT, LOUISE C., transferred from the General Hospital, San Francisco, California, to duty at the General Hospital, Ft. Bayard, New Mexico.

CARPENTER, ANNA C., graduate of the Howard Hospital, Philadelphia, 1907, and Municipal Hospital, Philadelphia, 1909, appointed and assigned to duty at the General Hospital, San Francisco.

HALLOCK, MARY H., transferred from temporary duty at Jolo, Jolo, to proper station, Zamboanga, P. I.

HOLLIDAY, Mrs. MARY E., died January 22 of cerebral hemorrhage, at the General Hospital, Ft. Bayard, N. M.

KERR, ROSA M., transferred from the General Hospital, San Francisco, to duty at the General Hospital, Ft. Bayard.

LEONARD, GRACE E., formerly on duty at the General Hospital, Ft. Bayard, discharged.

MERICLE, EVELYN E., transferred from the General Hospital, Ft. Bayard, to the General Hospital, San Francisco, for duty.

OSBAUGH, BESSIE C., transferred from the General Hospital, San Francisco, to duty at the General Hospital, Ft. Bayard.

ROHLFS, LOUISE, ex-army nurse, reappointed and assigned to duty at the General Hospital, Ft. Bayard.

SAGAR, SARAH E., transferred from the General Hospital, San Francisco, to duty at the General Hospital, Ft. Bayard.

SCHREIBER, MINNIE E., transferred from the General Hospital, Ft. Bayard, to duty at the General Hospital, San Francisco.

SWEENEY, MARY AGNES, transferred from Camp Jossman, Guimaras, to the Division Hospital, Manila, P. I.

WAHLS, MARGARET T., transferred from the General Hospital, San Francisco, to the General Hospital, Ft. Bayard.

WEST, COBA F., graduate of the Post-Graduate Hospital, Chicago, 1905, and superintendent of Knoxville College Hospital for one year, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

ZIEGLER, BARBARA, formerly on duty at the General Hospital, San Francisco, discharged.

ZIMERLE, MARY, transferred from the General Hospital, Ft. Bayard, to duty at the General Hospital, Presidio of San Francisco.

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EDITORIAL COMMENT



IS SPECIALIZING JUSTIFIABLE?

IN the *New York Medical Record* of February 20 appeared an editorial which has given rise to much one-sided newspaper criticism. Under the title, "The Rights and Duties of a Trained Nurse," it reads as follows:

"The feeling is universal that the moral plane and professional ideals of the trained nurse are similar to those of the physician. Doubts of the correctness of this conception, however, might be occasioned not infrequently by the experience of physicians in this city at the present day when they have occasion to seek the services of trained nurses from some of the more important registries. The physician who asks for a nurse is frequently obliged to undergo a cross-examination as to the circumstances of his case before one can be secured. The majority of nurses in the registries connected with the large training schools of this city are on record as being unwilling to accept employment in cases which do not come up to their requirements. For instance, Miss A. is registered against night work; Miss B. against contagious cases; Miss X. against patients where there are children in the family; Miss Y. against nervous diseases. An appeal came recently from a physician in a neighboring town to send a trained nurse to care for his very sick child. The request was refused at two of the registries in this city connected with the large training schools, although at one of them at least there was a long list of unemployed nurses. The reason given for refusal was that the nurses did not wish to leave the city just before Christmas.

"It may be said with some justice that the law of supply and demand should apply in the case of the services of trained nurses as well as of those of clerks or laborers or of the sale of commodities in general, but

among the nursing profession itself there will be a majority to repudiate indignantly the applicability of such a law to their case. They assert and believe that the trained nurse's duty is first of all to be of service in the world of suffering, and secondly to consult her own convenience. At a recent meeting of trained nurses, graduates and students, speeches by training-school superintendents and other women high in the councils of the profession showed the prevailing sentiment to be that the time was past for them to solicit favors from the medical profession. The two professions should meet on an equal basis and confer for their mutual benefit. On the same occasion, however, one woman, a teacher of nurses and of nursing, appealed with single-hearted earnestness to student nurses to keep in mind this thought: not how much they could get out of the profession of nursing the sick, but rather how much they could put into it. To give the best of themselves, with the simple old-fashioned idea of making the world a little better. What a contrast!

"At a large hostelry in this city used by graduate nurses exclusively, there has been a dearth of work and some real privation for many months past. Yet perforce must the physician often go to graduates of rural training schools, undergraduates, and untrained nurses, while scores of our most highly trained nurses remain idle. It would seem to the physician that they refuse his cases at times on unwarranted or trifling grounds. It might be well would physicians make their feeling upon this matter known to nurses generally, with the possible result that the best equipped women among the latter may not be led away from the high ideals of their profession even at the risk of occasional personal inconvenience."

We feel that this is not an unreasonable criticism, but from the point of view of the medical profession and the public is justifiable. We are fully in accord with the suggestion that the moral plane and professional ideals of the trained nurse are similar to those of the physician. We know that many nurses do pick and choose their cases in just the manner described, and that too often their refusal to respond to calls is selfish and inexcusable.

We do not know to what meeting the writer refers, but we heartily believe that the time has passed when nurses should solicit favors from physicians, but that the time has come when the two professions should meet on an equal basis and confer for their mutual benefit on all questions which do not pertain to the treatment of the patient, the nurse's relation to the physician remaining unaltered in this respect. This idea does not in any way conflict with the sentiment expressed by the teacher of nurses referred to, that nurses should keep in mind not how much they

could get out of nursing, but how much they could put into it. Every conscientious woman in the profession believes this sentiment to be the very foundation principle of a nurse's work.

First, as to the woman who specializes: as the years go on, it comes naturally to many successful nurses to drift into the kind of work that they do best or are most successful in. For instance, the nurse who takes obstetrical cases cannot do general nursing, because she has to make fixed engagements. She should not do either contagious or surgical nursing of some kinds, the reasons being obvious. Some women are interested in children and are successful in caring for them when sick; others make a bungle of that kind of work, because they haven't the temperament for it. So we might go on through the list, but, in spite of such exceptions, there is the question of the obligation to the public which nurses are, morally at least, pledged to meet. The great rank and file of our nurses do not specialize, but simply throw out certain kinds of cases that are not agreeable, and in this we think they are to be condemned.

The general practitioner is supposed to take everything that comes; the general nurse should, with limitations, do the same. There is the question of her closer contact with the patient that makes certain greater precautions in her case necessary, but such circumstances do not arise frequently enough to give rise to the feeling of dissatisfaction that prevails among many physicians.

On the other hand, we have physicians who specialize, who do not go out at night, who do not treat servants, even in the homes of their rich patrons, who do not practice in the slums, who refuse to treat any poor patient in their offices, until assured that the fee is forthcoming. Human nature is the same the world over. The selfish commercial woman who thinks first of herself, and last of others, is to be found in all the walks of life, and is not alone in the ranks of nurses. Of the hundreds of thousands of splendid men and women—doctors and nurses—who devote their lives to the alleviation of suffering, we hear very little, but of the few scores who make the sufferings of humanity their means of gaining a livelihood, we hear much.

We are of the opinion that properly organized central directories would tend to obviate some of the unsatisfactory conditions, and loyalty on the part of medical men to the women who are striving to bring nurses to a higher sense of their professional obligations, through education and state registration, would hasten the day when nurses of the selfish mercenary type would be as much under control as the laws of society permit.

INSTRUCTIONS TO DELEGATES

REORGANIZATION

THERE are a number of matters to come before the meeting at Minneapolis about which delegates will need to be clearly instructed by their associations. The first of these in importance is the question of reorganization, for which we gave a suggested outline in the December magazine. This plan means the merging of the two national societies, by which time, money, and the duplication of the work of officers would be saved. A general secretary could be employed, our forces more strongly consolidated, a larger attendance assured, which would make for better railroad rates, and there would be a broader diffusion of interest and a more valuable program.

The letters that have appeared from a number of our most influential women indicate that the idea is being received favorably. Briefly stated, the question is, Shall the two societies remain as they are, acting and working separately, coming together once in three years for a joint meeting, or shall a committee from each society be appointed to submit plans in 1910 for merging the two associations? This is a matter that should not be decided hastily, but well discussed, and referred back to the associations before formal action is taken. An official request for the instruction of delegates on the subject, from the president of the Associated Alumnae, Miss Damer, is found on another page.

THE SUFFRAGE

We understand that the question of the suffrage is again to come before the members at Minneapolis. This subject has been brought before the nurses of the country in a way that has given rise to much controversy, and has shown that great diversity of opinion exists; delegates should, therefore, be definitely instructed by their associations how to vote, in anticipation of the question again being brought forward.

CANDIDATES FOR OFFICE

In adopting the present plan of making up the ticket for the nomination of officers, it is expected that delegates shall be instructed, by the associations sending them, for whom to vote, and that they will adhere to such instructions unless granted the privilege of change by formal action of their associations. Otherwise the amount of time and labor involved in this method of nomination is wasted, and the delegate fails to honestly represent her association.

In compliance with a request which came to us after the convention

last year, we have given in the official department a list of the candidates for office in the Associated Alumnae, with comments showing from what part of the country these women come, or what offices they have previously held. This is done for the convenience of associations in instructing their delegates for whom to vote.

Of course many questions come up at every meeting about which the delegates must use their own judgment, but even so what would best meet the wishes of their home associations should be kept constantly in mind.

Members, in consenting to act as delegates, must bear in mind that the office carries with it an obligation to attend the meetings and make a detailed report of the proceedings, both official and social, to the home members.

A NEW DEPARTURE

At St. Mary's Hospital, Brooklyn, N. Y., a change has been made in the established order of things, which appeals to us as being very sensible and worthy of being adopted universally. An address to the newly organized class was given by the visiting surgeon, Dr. Onslow Allen Gordon, in which, after reviewing briefly the history of nursing, with interesting reference to Florence Nightingale and Dorothea Dix, he explained to the members of the class their place in the hospital, giving the probationers practical advice by which they might profit during their entire period of training.

We quote a few paragraphs, and only regret that lack of space prevents our giving the address in full.

"It is doubtful if there is a more trying position in the hospital than that occupied by your superintendent; and I am going to ask you to bear that fact in mind all through your student days. She is responsible to the hospital authorities, the physicians and to the public. You can do much to lighten her burden, and I know it is not necessary to go into details as to how that can be done. All who show a desire to improve their opportunity and render service of the character required of the conscientious student, will meet with her hearty co-operation.

"No great institution can be run without certain fixed rules, which are made for the many and not for the individual. Certain restrictions and deprivations are essential to harmonious work. By bearing this fact in mind, your work will seem less arduous and your relations with all more agreeable.

"The saying that the doctor is born and not made, I believe holds good in regard to nurses; and you should bear in mind that lectures and practical training will not make of you good nurses, unless you have

entered the field with love for the work, with full realization of the responsibilities involved, and with a determination to improve every opportunity. It was Dr. Ill who once said: 'The best all-around nurse is the quick witted, conscientious and resourceful woman. No amount of training will supplant these good traits.' And I would add, that no amount of training will make a successful nurse of any one of you unless you train yourself. I mean by that, that you should train your mind, in order that you may grasp and profit by what you see and hear. Practice self-control; for a nurse who cannot control herself cannot hope to control her patient.

"I would not have you understand that the nurse is to be discouraged in all attempts at conversation, for there can be no doubt that, in moderation, it has a legitimate place with the convalescent patient. It was Dr. Van Dyke who said: 'Talkability is a virtue, and talkativeness, a vice. A talkative person is like an English sparrow, a bird that cannot sing, and will sing, and ought to be persuaded not to try to sing; but a talkable person has the gift that belongs to the wood thrush and the wren, the oriole and the white-throat and the mocking bird.' There is no place, however, in the field of nursing for the gossip or news-carrier. Some convalescing patients may be interested in having the doings of the operating room spread before them each day—the number of operations, the length of Mrs. Jones's appendix, the weight of Mrs. Smith's fibroid, who has died, and who is expected to die, how so-and-so suffered and finally died after an operation similar in character to one contemplated by the waiting patient, who the operators were, and all about their individual rating in the hospital—and many other things connected with the working of a hospital that should be considered a sacred trust. While some patients might seem interested for the time being, most would be disgusted, and all would ultimately agree that a nurse who was so newsy would be an undesirable person to enter the family. I cannot refrain from saying to you—'Learn to hold your tongue.'

"It is better for you to understand that suppuration in a wound is due to uncleanness, than to bother your heads about the name of the organism causing the disturbance. It is far better that you should understand that typhoid fever may be transmitted by carelessness in disposing of the excretions, and in the care of bed-pans, rectal tubes, dishes, etc., than to try to know all about the serum diagnoses of the disease. It is vastly more important that you should know that uncleanness, wrinkled sheets, and pressure from remaining too long in one position may be the causes of bed-sores, and that the reverse of these conditions will favor healing, than to go into the details of passive hyperæmia, exuberant and

fungous granulations, or the process of cell proliferation in the healing of ulcers. It is better that you should know where to apply a tourniquet to arrest hemorrhages, than to be able to name all the branches of a vessel, give their distribution, and describe the process of blood coagulation.

“Executive ability is a very good asset, but the ability to make your patient comfortable and contented is more to be desired. Remember that there are other methods, than giving of drugs, to relieve the tired and restless. The nurse who, from training, experience, and the exercise of common sense, is able to call into use the varied means at the command of the practical and resourceful, will always be in demand. You should see to it that the sympathetic side of your nature does not become atrophied. The sooner the nurse who is impatient and lacking in tact realizes that she has missed her calling, the better for her and all those who are unfortunate enough to require her services. Tact and courtesy should go hand in hand. They will enable you to guide your ship safely through rough waters into the peaceful and quiet harbor.

“There is one word that I would have written all over a hospital (I do not wish it understood that nurses are considered the only offenders). The word, that I deem of so much importance, is—Silence. Some people seem not to know that they are noisy—they bang doors, rattle dishes and window-shades, rustle papers, walk with a heavy tread, chatter and indulge in loud laughter—all of which has no place where there are sick, suffering, and dying people. Cultivate silence and your example will be followed by others.”

A NURSE NOT A CONTRACT LABORER

PERIODICALLY, with changes of government officials, the question comes up and is thrashed out as to whether or not a Canadian pupil in an American training school is a contract laborer. After much learned discourse, the Secretary of Commerce and Labor at Washington has decided that she is a student, in spite of the fact that she receives some compensation in money during her training, and is to be placed in the same class with the students of the United States Military Academy at West Point, who also receive a certain allowance while studying.

This is an interesting comparison for the Secretary to have made, because in no other kind of schools are the pupils governed by such military precision as in schools for nurses. That such discipline develops soldierly qualities of courage and heroism is demonstrated repeatedly, as at the wreck of the *Republic*, and the earthquake disaster at Messina.

PAPERS ON HOUSEHOLD HYGIENE

IF we are to believe the matrimonial statistics published in the October JOURNAL, and certainly our own marriage announcements confirm them, we know that each year great numbers of our readers are leaving the professional field to assume the duties and responsibilities as well as the pleasures of the home maker.

After years of hospital routine, if she had been an institution worker, or the hap-hazard life of a private nurse, if her lines have been in the path of private duty, she may find her new environment surprisingly embarrassing. It is one thing to be part of the complex machinery of a public or private establishment, but it is quite another matter to be the sole responsible domestic head of one's own home. We well remember our own sense of ignorance, when we ordered our first meal for two, after having for years calculated to a nicety the provisions for a hospital family of between three and four hundred. Our confusion was only equalled by that of our first day as a probationer in a big surgical ward.

Growing out of our own need, we have been giving Miss Hamman's papers on "Housekeeping for Two." Now we begin a series of papers by Miss McIsaac that aim to meet the needs of those contemplating housekeeping for the first time, whether as wives or just in spinster partnership.

These papers will run through the year and will cover the following heads: site, features of building, ventilation, heating, lighting, plumbing, sewage and garbage, furnishings, food, daily care of house, laundry work, causes and dissemination of disease, school children, quarantine and disinfection.

They will embody a threefold experience, that of a careful home training, long years as the executive head of a great training school, and finally the adjustment to that smaller home that we have been given a glimpse of in "A New Cranford."

NEW YORK STATE BOARD

WE had expected in this issue of the JOURNAL to have published a paper on the progress and result of state registration in New York State, prepared specially for us at this time by Jane Elizabeth Hitchcock, secretary of the board of examiners. Miss Hitchcock has delayed sending her paper until she can include a report of the last examination, held the first week in February. A much larger number of candidates came forward than is usual at the mid-year examination, 237, the number usually being greater in June; this shows the increasing value in which the examinations are held by the schools.

THE WASHINGTON BILL

THE Washington bill for state registration, which is printed on another page, passed the senate unanimously and has been signed by the governor. This is the seventeenth state to obtain a law and we congratulate the nurses of the state of Washington upon their successful legislation.

THE ADIRONDACK COTTAGE SANITARIUM

MADELINE SMITH, R.N., whose article on this topic appeared in the March JOURNAL, writes us that the nursing staff at the sanitarium has been increased by one, and the superintendent of nurses, Miss Bunce, now lives at the new medical pavilion. Miss Smith is in charge of the Infirmary.

A FILE OF JOURNALS FOR SALE

A COMPLETE file of the JOURNAL from February, 1902, until the present time, is offered by a subscriber, whose address will be given to any one wishing to procure these numbers.

THE PROFESSION OF NURSING *

By WALTER G. ELMER, M.D.
Philadelphia

IN looking back over the history of nursing as a profession, the first thought that occurs to us is the intimate, in fact, inseparable, association of nursing and hospitals, for it is in these institutions that our nurses must receive their education and training.

The first establishment of hospitals for the care of the sick and injured dates much earlier than the Christian era, for in India, Persia, and Arabia there were hospitals which were supported by their kings and rulers. In the earliest periods of Greek and Jewish history there were institutions for the reception of the sick, and Beth Saida, mentioned in the New Testament, was one of these. Plato refers to the Shelter Houses maintained by the Greeks in different parts of the country and supplied with attendants. The best institutions of the kind were in Rome and these were actually endowed.

Quite recently, ruins have been unearthed in the island of Cos in the Ægean Sea which give a very fair idea of these ancient Greek hospitals. It was here that Hippocrates studied and practised the art of healing more than four hundred years before Christ, and his writings come down to us as most valuable literature of ancient times. This hospital was most beautifully situated on a series of terraces, about two miles back from the sea, with mountains rising on two sides, and commanding a beautiful outlook over the hills, the plain, the waters, and the islands of the sea. It would even now be looked upon as the ideal hospital in regard to the arrangements of its buildings, the climate, and thermal baths, the open-air life and exercise which Hippocrates believed in so firmly for certain of the patients, or the quiet and seclusion for others.

One of the earliest recognized hospitals was in France, and the present Hôtel Dieu of Paris is said to have originated in the seventh century. Many hospitals were built during the Crusades and there then arose a special class of hospitalers or knights whose duty it was to take care of the sick; and there later followed the orders of the Sisters of Mercy and the Sisters of Charity and similar societies. In Italy, Paris, London, and Edinburgh the larger and more important hospitals

* An address to the graduating class of the Mercer Hospital in Trenton, New Jersey.

later on became identified with universities and were utilized for medical teaching, and so St. Thomas's, St. Bartholomew's, and Guy's hospitals of London grew into prominence among the institutions of learning in the world.

The hospitals in the United States were founded on much the same plan as the English ones, and the oldest hospital in our own country is the Pennsylvania Hospital at Eighth and Spruce Streets, Philadelphia; this was founded in 1750 and Benjamin Franklin was the first clerk. The New York Hospital was the next, receiving its charter in 1771.

Since that time innumerable hospitals have sprung up in all parts of the United States, and now every city, town, and village has its perfectly appointed hospitals adapted to its needs; our large cities now have what are acknowledged to be the most handsomely and thoroughly equipped hospitals in the world. It is enough to merely mention such institutions as St. Luke's, the Mt. Sinai, Presbyterian, New York, and Bellevue in New York City; the Massachusetts General in Boston; the Pennsylvania Hospital in Philadelphia; and the Johns Hopkins Hospital in Baltimore. Philadelphia has in all about fifty-five hospitals.

All of these hospitals require a very complete working force of nurses, and the present efficient system of training nurses has been reached by a gradual process of growth and development from very early times. Reference has already been made to the hospitalers during the Crusades, these being assisted by various bodies of women in working among the sick.

In the latter part of the twelfth century Hildegarde, Abbess of Rupertsberg, which is near Bingen, organized a school of nurses for service in hospitals, and so we have the very beginning of our present training system.

It was Florence Nightingale who gave the greatest impetus toward the efficient training of nurses and the establishment of training schools. Born in Florence in 1820, she enjoyed all the advantages which fall to the lot of children of wealthy and refined parents. She grew up in the midst of the luxurious surroundings of her home in England, and very early showed an interest in the welfare of the poorer neighbors of her father's estates, and this led her to the careful and systematic study of the best means of relieving physical and moral distress. After investigating the working of English schools and hospitals, she continued her studies on the continent and in 1851 spent six months in a Protestant institution at Kaiserswerth on the Rhine. On returning to London she reorganized and substantially assisted the Governess's Sanatorium in Harley Street.

At this time much criticism arose in regard to the inefficiency and mismanagement of the English military hospitals in the Crimea and a plan was suggested for the formation of a band of lady superintendents and of nurses who should assume charge of the hospitals and the care of the wounded in the wards.

Miss Nightingale wrote to Lord Herbert, who was then Secretary of War, and offered her services. Her letter crossed one from Lord Herbert himself, asking her to undertake the organization and conduct of this body. She entered into this work with an enthusiasm and devotion which won for her the lasting love and gratitude of her country. Order and system took the place of confusion, suffering was relieved, lives were saved which would otherwise have been sacrificed, and Florence Nightingale earned the blessings of thousands of the sick and wounded. She had at one time ten thousand sick men under her charge. The death-rate at Scutari in February, 1855, was 42 per cent., or nearly half the men dying of disease; but after Florence Nightingale had reorganized the hospitals and adopted the best methods of sanitation and hygiene, it fell to only 2 per cent. Her enormous labors affected her health and she was herself prostrated with fever, but she refused to leave her post and remained at Scutari until Turkey was evacuated by the British in July, 1856.

The enthusiasm in England over Miss Nightingale's labors was so great that a man-of-war was ordered to bring her home, and London prepared to give her a triumphant reception; but she returned quietly in a French ship, crossed quickly to England, and sought the seclusion of her country home before her presence in England was known. Her health had been permanently affected and she was forced from that time on to lead a quiet life.

A fund of £50,000 was raised by the English people as a testimonial in recognition of her services, and this amount she at once gave to St. Thomas's Hospital, London, for the founding of the Nightingale Home for the training of nurses.

Miss Nightingale's influence upon the conduct of army hospitals and the care and management of the sick and wounded cannot be estimated, and it has extended throughout the world. According to her, nursing ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and the selection and administration of the proper diet—all at the least expense of vital force to the patient.

The first class of nurses to be graduated in this country was in 1872, from the Bellevue Training School, New York. The custom of hospital training schools is now very generally followed throughout the country.

During the past ten or fifteen years the course of study for the nurses in training has been lengthened. There are still hospitals in small towns which have a course of only one year, while in our larger cities the course is either two or three years, and almost all the larger and more important hospitals have adopted the three-year standard.

A good deal of discussion has arisen lately as to the proper length of time a nurse should stay in a hospital. It is contended by many very able physicians that two years is ample. It is said that nurses are overtaught and overtrained by being kept at the hospital three years—that they are burdened with large and numerous text-books of anatomy and physiology, materia medica, obstetrics, and the like, until they are educated almost to the point of physicians, and it would be far better if they would enter a woman's medical college at the outset; for as nurses they are taught many useless subjects, they are too crowded with their studies and nursing at the same time, and after graduation the nurse is so well satisfied with her own knowledge and ability in the care of a patient that she becomes less valuable as a nurse in following the directions of the attending physician. Such statements as these and many more of like character I believe to be entirely wrong.

Let us see how much we, as physicians, require of our nurses, and then inquire as to the best means of educating them up to this standard.

We expect a nurse to have an accurate and practical knowledge of anatomy and physiology, for time and again she must call upon her knowledge of these subjects in the nursing of her patients. She must be able to detect and record all the various changes which may occur in a patient's pulse, for example, not only count it accurately, but notice whether it is strong or weak, regular or irregular, intermittent, full, small, as the case may be. Then, too, there are certain peculiar kinds of pulse-wave, as the dicrotic pulse, in which there appears to be a double wave or two beats for each single beat of the heart. This is a symptom of considerable importance and should be reported to the attending physician at his next visit, for it must be remembered that the nurse has her patient under almost constant observation, while the physician makes occasional visits of perhaps not more than ten or fifteen minutes at a time, and certain important signs may develop in his absence which should be observed and recorded by the nurse.

Then, too, in regard to the breathing of a patient, there are certain characteristics to be noted, as Cheyne-Stokes breathing, a symptom of very serious import, and yet one which may be present only at times during the day or night.

If the nurse does not understand the normal physiology of the

important organs of the body, she cannot intelligently observe the changes and variations which occur in disease. Hence it is so important that she be carefully taught these things.

She should furthermore know the names of all the chief structures of the body and the exact positions of the various organs, for the directions of the physician for certain local treatment must often be carried out by the nurse herself, and in no way does a nurse so quickly display her ignorance as in her inability to correctly outline the various organs of the body.

She should understand the important features of digestion and be able to name the different kinds of food materials which go to make up a proper diet. She should know the manner in which the nervous system controls the working of our bodies—the importance of rest, sleep, exercise in the open air, and proper food. The methods of modifying milk for the feeding of young children according to the direction of the physician is an exceedingly essential feature.

In regard to the use of medicines the nurse should know the more important ones and their proper doses for both children and adults. I consider this absolutely necessary, for in hospitals the administration of the medicines is entrusted, of course, to the nurses, and no one but a nurse who has had this teaching should be expected to handle the medicines. I recall an instance in which an order was written on a patient's chart for a half ounce of the tincture of digitalis to be given every four hours. The nurse on reading the order knew that the infusion and not the tincture was intended, referred the matter to a head nurse and the mistake was corrected. On another occasion an order was written for a half ounce of liquor potassii arsenitis every four hours, where liquor potassii citratis was, of course, intended. The nurse recognized this, and the mistake was corrected. Here the nurse, had she been untaught, might have given lethal doses of these medicines without being aware of the consequences until too late. I recall an instance where a child got possession of and swallowed a tablet of the corrosive chloride of mercury. A trained nurse in the house went at once to the cellar for eggs and gave seven of them without the loss of a moment to the child. She undoubtedly saved his life.

In the department of surgery our nurses must be taught with the greatest care and thoroughness. Let us suppose that we are called to the house of one of our patients and conclude that an operation is necessary. It is an urgent case of appendicitis, perhaps, and we do not wish to risk either the delay or the moving of the patient to a hospital. We send for a nurse whose ability we know and in an hour's time we can

proceed with the operation with the confident feeling that every detail in the preparation of the patient, the instruments, the dressings, the surroundings of the operation, have been carefully and accurately carried out. If the nurse is unknown to us and perhaps has not been properly taught, how great a difference it makes to us in conducting the operation! And in the management and supervision of the operating rooms of our large hospitals, how much depends upon the skill of our operating-room nurse and her assistants, for here operations will sometimes follow each other in quick succession and there must be no carrying of infection from one patient to the next—and here the infallibility of the nurse is of the utmost consequence.

Our nurses should always be taught the proper care of their hands, for if they are assisting at operations they should understand that the hands should always be kept free from infecting material, for once in contact with certain kinds of virulent infectious organisms, the hands cannot again be resterilized, and hence the necessity of protecting them with sterile gutta-percha gloves. Only in this way can we be sure that the hands do not carry infection from a septic case to a clean one.

Now I contend that such teaching as I have set forth cannot be crowded into a short space of time, for if an effort is made to do this the nurse becomes confused, overworked and discouraged. Experience has taught us that if a nurse is attending to her daily duties in the ward in the care of patients, and in the operating room, she requires two hours a day off duty for out-door recreation, an ample amount of sleep, and not more than one lecture each week and one class-room exercise a week. She is tired at night as it is, and when she becomes over-tired or worn out she is not able to fulfil her duties to her patients as she should. Therefore, if our course of instruction is arranged on these lines and the nurse be given an absolute rest of three weeks in the summer—which is much needed—three years is the shortest time in which her education can be properly completed. We have then produced a carefully trained and reliable nurse upon whom we can depend with entire confidence in any emergency.

Of recent years there has come into existence a class of nurses which should more properly be called attendant nurses. These are young women who have attended a series of lectures for about ten weeks and whose practical knowledge is gained by visiting patients in the poor districts, taking their temperatures, counting the pulse and breathing, bathing them, and doing what is necessary for their comfort. These nurses should not be looked upon as in any sense competitors of the hospital graduates, for they are not. They are simply attendants who

are expected to look after the ordinary wants of a sick person, and their services can be had for a very moderate amount. They are, therefore, useful in cases where a patient is not seriously ill and sometimes in families of very moderate means. They are not fitted for surgical work.

The hospital graduate has two fields of work open to her and some nurses prefer one, some the other. I refer to the nursing of private patients in their homes, or institution work. A nurse who has been proficient in her hospital course usually has an opportunity to become a head nurse in some department of the hospital, or she may be asked to take charge of a training school in a hospital in one of the smaller cities. This usually affords a good opportunity for securing, later on, a larger and more important institution. There are very decided advantages in continuing institution work. Although the salaries are usually moderate, the nurse has no living expenses, and her salary comes to her regularly and can always be depended upon. She has regular hours of work in congenial surroundings, comfortable living rooms, a sufficient time for recreation, a certain independence which is not enjoyed by younger nurses, a summer vacation, wherever she may choose to spend it, and, most important of all, cheerful and congenial companionship at all times. Therefore, whether she is employed by a hospital in a large city or a smaller town, her life is filled with a useful activity, time never hangs heavily on her hands, she enjoys her hours of recreation and she has no financial worries.

The nurse who takes up private nursing, however, has altogether a different problem. She usually earns more money, but she is also at constant expense, for she must have rooms to live in whether she occupies them or not. There are times during the year when she may be idle for very considerable periods and hence there is no definite certainty as to her income. If she is ill, her earnings cease, whereas the hospital nurse receives her salary and is at no expense during her illness.

There are difficult cases where the nurse is practically on constant duty for several days together, and through lack of sleep, fatigue, and anxiety, she becomes irritable, loses her natural cheerfulness, her sense of humor deserts her entirely, and she may become utterly unfit to carry out her duties to her patient. I think physicians far too often neglect their nurses, and it is just as important that the physician inquire into the number of hours of sleep the nurse has had and the amount of time out of doors, as it is to ask about his patient.

The nurse often finds herself in most attractive homes where she is treated with the greatest kindness and consideration, and then again

she may be in a thoroughly uncongenial atmosphere with people whom it is impossible to please, and where it is a weary effort to get through the days and nights.

Nurses who are earning their living in the midst of great cities must contend with periods of enforced idleness, for, no matter how skilful a nurse she may be, there are times when her services are not in demand, and then again, there may be an interval of one, two, or even three weeks between the patient she has left and the next one she is called to. It is these periods of idleness which tax the patience, perseverance, and resourcefulness of the nurse; she should have a congenial task of some kind to occupy her time and her thoughts during this interval. Therefore, I would say to those of you who are nursing in large cities, do not isolate yourselves too much from your friends and the members of your family, but keep in touch with them as much as possible and see them at frequent intervals. This will help very much in overcoming the difficulties of the interval periods I have spoken of, for after all friendship is the best thing which we possess, next to good health.

Retain your youth, your good spirits and your cheerfulness by living every hour out of doors that you are free. I may mention here that depression of spirits almost always has an underlying physical cause. One of the best remedies that I know of is to be in the open air. Make it a point to secure an ample amount of sleep with your room flooded with fresh air whether it be winter or summer. Train your mind to throw off the anxieties attending your patient during your hours off duty and interest yourself in other things, and you will come back to your task cheerful and refreshed.

A nurse who leads a fairly active life is able to make certain investments from time to time, if she is prudent and looks to the future, so that at the end of fifteen years of professional work she will be assured of a certain modest income sufficient for her needs, and it therefore becomes optional whether she continues her work or not.

But nurses like their work and they are loath to give it up. They accomplish more with their lives than any other class of young women. In their self-reliance, their independence, and their fineness of character they cannot be excelled.

PEOPLE who wear their nerves outside should be sent to a sanitarium to have them put in their proper place and cemented in with common sense.—ELISABETH ROBINSON SCOVIL.

MAKE yourself an honest man and then you may be sure that there is one less rascal in the world.—CARLYLE.

MY EXPERIENCES IN NAPLES AFTER THE MESSINA DISASTER

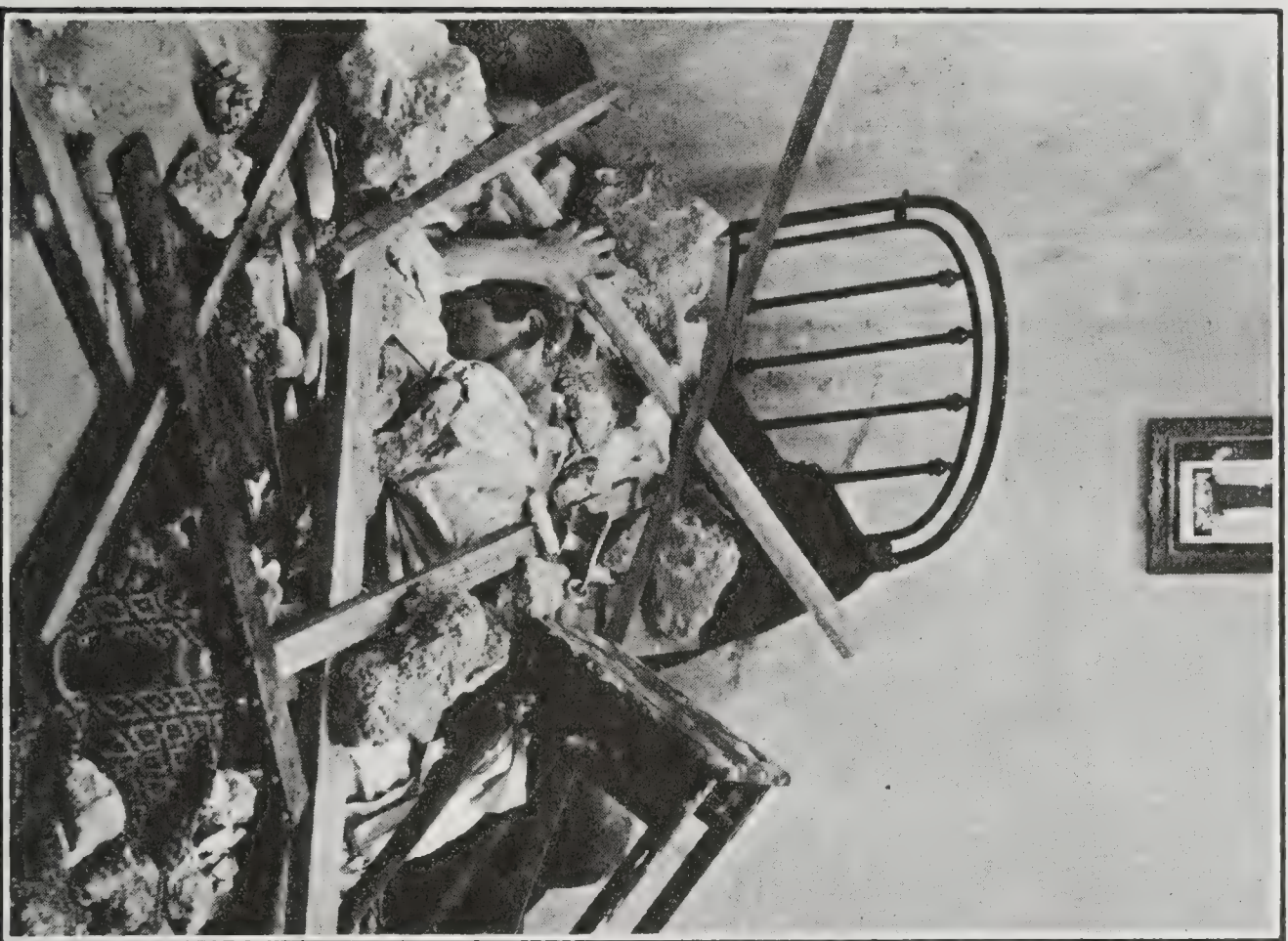
By ALICE FITZGERALD
Graduate of Johns Hopkins Hospital

Soon after the first news of the awful disaster reached us, I wrote to the president of the Women's Branch of the Red Cross of Florence, to which I belong, and volunteered my services for the Messina and Calabrian sufferers. For some days, meetings were held, messages were received from the minister in Rome saying that we might go if another hospital ship were sent, and, in such inactive way, quite usual in Italian official or semi-official proceedings, several days passed. When notice finally came that no ship would be sent, and as none of the wounded were being sent to Florence, I decided to leave for Naples on my own account.

I asked our president for permission, which was granted, and left for Naples, not knowing if my services would be required or accepted, nor where I should apply, for I soon found that the Red Cross, instead of being one large body of workers with the same interests and aims, is divided into as many branches as there are cities, and there is but little if any connection between them all. For this reason I was not even given an introduction from our branch to that of Naples.

This lack of general unity and co-operation would be a serious drawback in time of war, when the different branches and sections of branches would necessarily have to be placed under one chief.

My journey to Naples was very uneventful, as the hospital trains were not yet coming north, but we took down a number of the men of the police forces, of which the Neapolitan and Sicilian authorities were in great need. During the first few days, one hundred and fifty looters were shot on the spot at Messina, as their regular forces, helped by the Russian and English sailors, were too busy trying to save lives to be able to watch and protect property. When I reached Naples I heard that one of the Red Cross hospitals was established in the new and very fine Excelsior Hotel which had not yet been opened to guests. Its proprietor, with the greatest and most admirable generosity, had offered the use of the fourth floor for a hospital, and from that moment he bore all the expenses of the running of this hospital: food, light, heating, and service were all provided for the patients, doctors, Red Cross officials, orderlies, etc.



EARTHQUAKE VICTIMS



OPEN-AIR SURGICAL DRESSING



RUINS AT MESSINA

Such a generous deed cannot be repaid, except perhaps a little in the knowledge that the best managed, the cleanest, and the only hospital where conditions were as near perfect as possible was the one in the Excelsior Hotel. The main Red Cross hospital, of which this was the overflow, had about two hundred beds.

The evening I reached Naples I went to the Excelsior, as it was very near to the hotel where I was staying, and I intended to make the rounds of all the hospitals to find a place that needed help.

It must be understood that I had nothing to offer as an introduction but my own word to show that I was willing to do anything within my power for the poor sufferers, that I had some training, and, last but not least, that I knew the language.

I said that I had come from Florence for the purpose of nursing, but had not been "officially" sent by the Red Cross. I must add that later on twenty ladies of the Florence Red Cross were officially sent down and given the "blessing and badge," which were the introduction which had not been granted to me, on account of my impatience to get to the scene of trouble. I saw one of the officers of the society who asked me to return the next morning at 11 o'clock, to see the director, which I did, and I was most kindly welcomed and immediately set to work. I found a staff composed of Neapolitan ladies, two of whom were wives of doctors; three Russian women medical students; and three Americans, all women of good common sense, and possessed of the true charity and tact which at all times can accomplish more than training, with no tact and common sense, can ever do.

We also had one lady of the Milanese Red Cross, which had come to Naples with its own doctors, aids, etc., and had started a hospital of its own.

The visiting surgeon was Morisani, a brother of the famous "Senatore Morisani," obstetrician-in-chief to the Queen of Italy. There were a resident surgeon and one or more medical students always on duty to do such work as taking temperatures, giving medicines, etc., which in Italy is not trusted to the nurses.

The patients were mostly fracture cases; all with pathetic stories of being caught under the ruins and kept prisoners from two to four days and nights, suffering from their wounds, thirst and hunger, for it was only to those who were partly exposed or within reach that the sailors could bring food and drink twice daily, and leave the hope that the next day they might be rescued!

Among the men patients was a priest, whose arm was badly fractured, but whose future seemed brighter than that of many others as

the "Church" would always take care of him; and a cart driver, from Reggio, in Calabria, whose work kept him out on the road all night, was on his way home, having reached the main street, when the earthquake took place; his horse was killed and one of his arms was badly broken. He rushed to his own house to find all in ruins and his wife and children dead; the poor man had lost everything!

A little boy, only badly bruised, was considered an orphan until by some lucky accident his mother was discovered lying wounded in some other hospital.

A poor silent, reserved old man had a fractured arm, but rarely spoke, and never complained of his pains or troubles, which must have been even greater than suspected, for he died very suddenly of heart disease. The other cases were more or less a repetition of the suffering and utter despair of men who had lost much or all.

One old man, a church sexton, had dreadful wounds of the scalp, but lingered for days before dying. Another old man, a cobbler by trade, had lost every member of his family, though not badly hurt himself; when cured he had to be sent to the "Albergo dei Poveri," or poorhouse, to finish his sad old days.

Among the women, the cases were perhaps more pitiful, for an Italian woman would hardly know where to turn to earn her own living, if she was not trained for it.

One was the wife of an officer, killed in Messina, with her two children, none badly hurt, but the poor woman's worries were many! She would receive a small pension, but not sufficient to cover her expenses with the two fast growing children. A young woman, a chambermaid, with double fracture of the leg, was under the ruins for seventy-two hours. She had called in vain for help, and owed her life to her brother and father who knew the spot where the house she had lived in stood, and insisted upon digging there. She heard the workers above her, and at last they were able to answer her, but it was a couple of days before they could rescue her. This patient had the worst head of hair it has ever been my fate to comb out. For ten days it had not been touched, some of the ladies having told her that her hair could not be combed out because of her broken leg! At first I wondered at the excuse, but after a short time I understood the feelings that would prompt such an answer from any "amateur nurse." The hair was still full of mortar, gravel, and clotted blood, and at the back was much like a very tightly woven stuff. I worked for several hours daily as the patient begged not to have it cut, and after many days the remains of the Messina disaster were banished from that hair, at least.

One old lady who had her foot hurt was a very amusing patient, always fearing she was being neglected in some way, and she had such a convenient little cough ready every time she saw me opening the window and letting in a little much needed fresh air. If she has bronchitis or pneumonia in the next few years, I fear that I will bear the blame for it. However, we became very good friends when she had overcome her suspicions of my methods. She had a bad sore on her back, and as we had no rubber rings I took some cotton and a bandage and started to make her a ring. She watched me carefully, not understanding what my object was, but keeping up a steady stream of protests that she did not need or want the thing I was making! After it was in place, and she felt so much the better for it, she confessed that she had feared that I was going to try and squeeze it around her in some way! The same woman took every night a plain lemon cough drop we had brought her and it always made her sleep well!

One very bad case was that of a dressmaker of Reggio who had both feet crushed, and both hips bare of flesh to the bones, and gangrene had set in. At first, amputation of both legs above the knees had been considered but then postponed, and later the gangrene had limited itself to two toes of one foot and one toe of the other. The daily dressing of the hips and feet was most painful, but the patience and will power of the poor Paulina were wonderful, she was so anxious to get well! When I left, she was in a fair condition, but since then she has had one collapse from which she rallied, but it is hard to think that she can recover; she had fever at times and also chills, especially after a particularly painful dressing.

Her diet was quite a surprise to me at first, but I soon learned that every one could have just what and all she wanted, provided we had it on hand. One day when Paulina had more fever than usual, and I thought she would have simpler food, I carefully gave her the broth part of the soup. She looked at me most pathetically and almost reproachfully and said, "That is queer soup with nothing in it," and I had to confess there was cabbage there too, and found she was intended to have it. Once or twice particularly dainty dishes of chicken or sweetbreads were sent to her, but her true peasant nature could not accustom itself to these, and she welcomed back the beloved "maccherone" and "cabbage."

Paulina was a great favorite with all, and the best of all things was always to be had for her. At first she did not like champagne, but very soon asked for it when it was not given to her. Madeira, all kinds of fruit, the best of broth, were among the many donations for her. Her

only relative was an old aunt, nearly ninety years old, also rescued from the ruins, and she came and "lived with us" though quite unhurt. I fancy that the poor old, simple soul had never seen a set table or a bed with such a never-ending supply of clean linen, for she was the true primitive peasant type.

The other women were fracture cases or simple bruises and were doing well.

The fracture cases were put up in splints and soft dressings, and the leg or arm laid in the wire frames made to fit the part. The treatment consisted of massage around and on the point of the fracture. This was supposed to be done by the doctor, during the first week or ten days, and after that the nurse was trusted to do it; to the massage was added the striking of the part with a wet rag to stimulate growth.

It was very hard to persuade the patients to allow me to change their under sheet as they much preferred being changed into a fresh bed, and this was constantly done.

Bed cradles were very primitive, but practical and easy to make, with a piece of stout cardboard bent into the position of a half circle and held there with a piece of string passed through from one end to the other, like a very tightly drawn bow.

One night I was rubbing the back of a sleepless patient with some cologne (we had much more cologne than alcohol, for it seemed the favorite donation from visitors) and she was much concerned at the novelty of the proceeding, and feared it might weaken her as the doctor had not ordered it. Later, however, she liked it, and frequently spoke of the "miraculous water" I applied which seemed quite a parallel to the "miraculous" cough drop which sent our old lady to sleep so easily.

With the exception of six or eight, the other patients were all the very simple Sicilians or Calabrians of the people, and their dialect was very hard to understand. The meals were always served and sent out to the different patients by the director himself, who was not only a good manager, but one of our hardest co-workers, being always on hand and seeming to grasp every want and necessity before it was generally felt. To him is due the praise for smoothing over all difficulties and making our hospital a "temple of harmony and good will" at all times. This was no easy task, if one considers the variety of nationalities and of conditions of men and women gathered together to do the work.

There were several Neapolitan gentlemen who volunteered some hours, either by day or by night, to help, and they proved ever ready to lend a hand where and when they were wanted.

The meals consisted of breakfast at 8 A.M.; lunch at 12 M.; coffee at 4 P.M.; and dinner at 6.30 P.M.; all plentiful and nicely prepared. With the lunch and dinner was given the large, full glass of red wine, joy of the Italian heart, and even Paulina took her share.

We had two orderlies on duty who were supposed to work all day and not sleep at night, but, though they may have done the first conscientiously, I know they slept at night just as conscientiously, for we had very little for them to do, and where is the orderly who does not like to sleep at night?

The hours on duty were at first arranged according to every one's desires, the consequence being that too many nurses came in the morning and early afternoon, but no one wanted the late afternoon and evening hours. After a short time, we had the hours arranged by one of the ladies, who, by her experience and charming personality, was the very person to be our "directrice," and things ran very smoothly under her.

I took night duty, but as the custom is in Italy, I was not allowed to take it every night, but only one night in three. With some modifications the schedule would be like this: Monday, 9 A.M. to 12 M., and 9 P.M. to 9 A.M.; Tuesday, 6 P.M. to 9 P.M.; Wednesday, all day; Thursday, repetition of Monday.

There were usually two of us on night duty, with a medical student, and the doctor and director slept within easy call.

When the patients were well and discharged, the Red Cross Society gave them an entire outfit and change of new clothes, and if they were going to travel each was provided with a warm woollen blanket and money for the journey. As far as the money entrusted to the Red Cross Society of Naples is concerned, I am absolutely sure that the best possible use was made of it, and all immediate wants were attended to.

I think it a pity that the money collected by our Red Cross was not sent directly to the Society in Naples, Palermo, and other branches that were on the spot; there could not be too much money given for the urgent necessities during the first weeks and the outlet to it should have been very free, for I fancy such was the intention of the givers.

* * * * *

During my hours off duty, I visited some of the other hospitals of Naples; of course they were very full and the disorder most apparent. Much of this was greatly increased by the number of untrained people of the Red Cross and other associations, who in all cases were more than willing but were unable to face the situation, through lack of training.

In every ward where the victims of the disaster were, one saw the ladies of the French and Italian Red Cross, whose uniform with few variations consisted of the long linen coat, an apron with bib over that and a white linen square folded over the hair, something like the Roman peasant head dress. The Red Cross appeared conspicuously on the sleeve, apron bib, and head piece. The ladies of the French Red Cross have had both training and experience, having just returned from duty in Morocco, and were much praised for the good work they did.

The Italian Red Cross does not give any regular training, but in some of the cities, like Milan and Florence, they have started a course of lectures and given opportunity for a little practical work.

The lectures in Florence were given by one of the chief surgeons, who very kindly gave his time and that of his assistants, and the free access to his words entirely gratuitously. His lectures were most thorough and interesting, but I would venture to say that they were entirely beyond the object in view, that is, the teaching of a little elementary, urgency, nursing.

A graduate nurse could derive much benefit and pleasure from these lectures, for they went over the ground which we, as a rule, cover in years instead of weeks, and which it is interesting to cover again in after years. The doctor never tired of going over the harder points and trying to clear up difficulties, but it was always from the doctor's point of view and not from the nursing one. Not a scientific term was spared us. One whole lecture was devoted to the names and uses of some familiar and many unfamiliar surgical instruments, sutures, etc., but we were not shown how to make a bed!

The practical work consisted in spending a few hours, for a few mornings, in the wards, watching the doctor make one or two hypodermic injections or a few dressings, and occasionally watching operations. Is it necessary to add that during the operation smelling salts were always at hand, for it was not uncommon to have members of the class faint at the unusual sight of blood, and is it to be wondered at, with no preparatory training whatever?

These hours in the wards should have been filled in with the elements of nursing, but it never entered the doctor's mind that there was anything else to do for the patient, either before or after he had done his part in treating him.

What nursing could be expected after such training? Could any one of those ladies say that she had learned to make a bed, wash and feed a sick or wounded patient, change an under sheet, comb a patient's hair, etc., though she may have learned the name of every bone and

articulation of the body, and also how to make a surgical knot? If it is to be of any use in time of war or after disasters like the Messina one, the woman's branch of the Italian Red Cross must be organized on the lines of the French, which gives its members training, and the result has been excellent work.

* * * * *

In the hospitals of the "Incurabili," which generally holds eight hundred beds but can take in twelve hundred, and of the "Pace," smaller but also full to its utmost capacity, there was not a quiet spot; patients everywhere, visitors everywhere, and constant talking in every direction. Fresh operation cases had to be placed in these noisy wards, and I have seen, at other times, bodies of the dead patients lying in the crowded wards without a sheet being even drawn over their heads, and was told they might have to wait hours until some one had time to come and get them.

Cases of gangrene were many and some cases of tetanus occurred and were strictly isolated.

The general disorder was naturally more marked even at this time, and the bedside tables were fairly groaning under the gifts of charitable visitors; one saw shoes, fruit, woollen garments, etc., in hopeless heaps, beside the daily ration of wine, bread and whatever medicines had been ordered.

I saw in one ward, cobwebs which would be the pride of any French wine cellar, and am sure they had not been disturbed for many years, so they could not, as many other shortcomings were, be blamed on the Messina disaster.

In the "Incurabili" I saw bed screens, small, but still a step in the right direction. I would like to know by what good fortune the screens were placed there, as other Italian hospitals will not hear of them.

The number of cases of amputation was very large. Some small children and women with double amputation at the hips made me wonder if life were worth the saving for them. Of course many of the maimed will refuse to go into homes or institutions, and will prefer to join the mighty army of beggars, already a serious inconvenience in Italy. I saw two cases of broken backs; one was up in a plaster jacket, but the other one had not been dressed two weeks after the accident. It was remarkable, considering the exposure suffered by them, that so few patients had pneumonia or even colds.

The "Gesù Maria" hospital, which is in charge of Miss Baxter, a graduate of the Johns Hopkins Hospital, made by far the best impres-

sion, though just as crowded and busy as the others. It was such a pleasure to see the pupil nurses in the wards, in their neat blue uniforms, white aprons, and caps, instead of the slouchy, slovenly "Infer-viente" of both sexes who do the nursing in most Italian hospitals. The Sisters do no nursing, and very little supervising, except of meals and linen.

Miss Baxter's patience, endurance, and love of the work (perhaps this last should come first) have done all and more than could be expected; but, unfortunately, the Italians accept improvements in too passive a way, and, if it is going to cost them a minute of anxiety or the slightest exertion, they prefer to drop back to their old ways, and this with a sigh of relief.

I attribute this attitude against the training of nurses to a fear that the trained nurse may want to claim some of the work, privileges or financial gain which have always been the doctor's. They will not understand that there will always be plenty of work for both to do if the patient is to be well cared for. One doctor, discussing the point, said: "Of what use is the training? Any one can give the medicines and food we order, and what more is there for a nurse to do?"

The question of training the right kind of women for nursing is not even in its infancy in Italy. The average doctor is not even thinking of it and much less wanting it.

Any one knowing well the conditions in the hospitals at present, with the attitude taken by the doctors towards the very low grade of men and women who do the nursing, with the lack of supervision from Sisters or doctors, and the comparative absence of any sense of modesty or propriety, would never wish to see a sister, a daughter, or even a friend, enter such a school of training.

An exception to this must naturally be made for Miss Baxter's school, for she has made for it and for herself a position which is quite unique in Italy.

There are a small number of doctors who are in favor of training nurses, but they are not sufficiently anxious for it to start a movement in this direction. They are waiting for the "mountain to come to Mohammed." Perhaps some day they may get tired of waiting and decide to make some effort and follow Mohammed's example and "go to the mountain."

The conditions in general, in Naples, were those of absolute confusion; no organization, no office where information could be obtained as to where the wounded were, no place where the clothes, which had been sent in such abundance, could be easily had. The only place which

seemed to be officially connected with the disaster was the department of the City Hall, where the donations were received; the inlet was easy to find, but where was the outlet? In the meanwhile patients who were well and discharged, could not leave the hospitals because they had no clothes! There seemed no excuse for such a condition of things after the generosity from near and far.

The severest criticisms of conditions and officials were daily published in the Italian papers, and the cases of misappropriation of funds and clothing were many. I heard of a man from Northern Italy who bought several hundred blankets at eighteen lire apiece and shipped them off to Messina; there, some dishonest boat official sold the blankets at one lire apiece to a Messina man who turned around and resold them at twenty lire each; and many other such incidents. On the other hand, the generous impulse to give money, clothing, and to help in person, which was noticeable everywhere from the highest to the lowest, was most admirable. Men and women from all over the country volunteered their services and proved willing to do any work at hand.

The Queen of Italy, a true woman first, a queen afterwards, stands out as an example for all people and all times. She was the first to reach the scene of the disaster and help the wounded and survivors, and since her return to Rome she has worked incessantly, making, collecting, and sending down clothing.

She is now much interested in the plan to start schools for manual training and agriculture in the devastated countries for its orphans, who form the most pathetic picture one can imagine. Among these poor unidentified little souls are the children of some wealthy parents, and perhaps heirs to fortunes. They were picked up among the ruins by the sailors, who could not be expected to remember where they found the children, and were taken on the boats to Naples and from there sent on with many others to the northern cities which offered to care for them. The very young children cannot give their names, and who, but a very near relative, could recognize a baby or very young child? Among the number sent to Florence was one who asked for the powder, after they had washed him, and wanted to know why the automobile did not come to take him out. Another could not accustom himself to the plain institutional spoons and table setting, and wanted to know why they were eating in the kitchen instead of the dining-room. These children could give their names, but no relatives have been found so far. It seems too sad to think of all the young and old who have to start life afresh and in many cases with such a difference. The Queen's plan of collecting all the orphans from the many places where they

are now scattered, and sending them back to their native land seems the best, for there, at least, they may have a chance of being identified and taken by some relatives who in time might adopt them.

The condition of the poor refugees, as they are sent north to relieve the crowded conditions in the south, is often pitiful, for in some cases they are not sufficiently clad and are almost famished, having been given but one small piece of bread in the twelve hours between Naples and Florence. Does this seem right with all the money that was subscribed and all the clothing which was sent?

Committees of ladies meet the trains as they go through Florence and provide what food and clothing they have on hand. The poor wretches are most homesick, and it is doubtful if they can be made contented and willing to settle down and work in the northern cities. Perhaps later on they can be sent back to their beloved Sicily or Calabria, for they are truly children of the soil and do not bear transplanting.

ANOTHER LETTER FROM NAPLES

[Our readers will remember that an interesting letter from a Henry Street Settlement nurse, who was in Italy at the time of the earthquake, was given in the editorial department of the February JOURNAL. The following extracts are from more recent letters by the same writer.—ED.]

HOTEL BELLEVUE, Naples.

You must have another line for I feel you are interested. Order, of a sort, is appearing out of the chaos, and with a few self-imposed rules, so I shall not get tired, I'm going strong.

The improvised operating room is the wonder of the place. A tiny coil of pipe over a gas flame gives a supply of hot water, and a gas stove, one burner, is used to sterilize dressings and instruments—and it's all surgical work! Such dressings! A stream of doctors all day long. Tetanus serum has been used in quantities. There isn't a bit of sterilized catgut in the place. . . .

The ladies in the hotel give me clothes every day after dinner, and I go to bed early and take them in a suit case in the morning. I tried to explain who I was. The result is that I am one of the first "nurses settled" in America, and a Signora Inglese of the well-known house of Richmond.

The tragedy, thank God, is lifting a little bit. We are a comic opera lot in our improvised get ups. A woman had wept on my shoulder over the loss of her daughter's betrothed, who had been their sole sup-

port for a long time. A tiny man in an English shooting coat and knickerbockers (made for a six-footer), bandaged legs, and white tennis shoes, appeared at the door. Joyful screams of recognition. Lo, the daughter's betrothed!

One of my ablest assistants is a refugee in white cricketing flannels and dancing pumps. The hands and faces of *all* have been washed at last. The patients on special diets, nearly all, get something approximating the stuff ordered. The kind ladies and gentlemen who come and start feeding the multiple abscess case meat and macaroni need dealing with gently.

Tell —— all her safety-pins went to the hospital. Tell Miss —— I wish she'd tell me what to do when the Consiglia Provinciale de Napoli send by messenger a vote of thanks on most important looking paper.

I think another ten days will see us out of the woods.

NAPLES, February 3rd.

DEAR HEAD NURSE:

Still here, you see, but expect to finish to-morrow. For example, this morning two Sisters went to one of the convents of the Sisters of Charity. One woman went to relations, in a nearby village. Her father, and two lonely old ladies, to the Madonna del'Arco, a sort of workhouse, poor souls. One other went to a hospital for nervous diseases. They are getting assimilated after this fashion, more or less. Mrs. ——'s doctor called last night and gave me two barrels of sugar. My special work has been getting the generous gifts from the giver to the recipient. I got a man and a rope, and a frail cart for the sugar this morning before starting for the hospital; had to pay him five shillings too. Dr. —— gave me 100 lire for a family who are every one of them a mass of surgical dressings. I know the doctors who do the dressings—oh, it's a terribly needy affair. The doctor got my last 50 lire (of refugee money) for the cases. Dr. —— also unloaded a sterilizer on me. I *told* him they fed the youngsters on bread and wine, and the best I could do was to present it to a hospital, *if* they would accept it. So I will have to take a carriage and take the white elephant along, for he said he was quite willing to leave it to my something-or-other. He brought it with him to my hotel. I hope you see the funny side of all this.

Please tell Miss —— that the sugar has been accepted with gratitude by the hospital and will be used for the insane rescued at Messina besides the emergency refugees.

There is one thing about the work over here I have discovered with surprise; no matter how much muddle and confusion—ten incapable people to do the work of one ordinary worker, and so on—there is no tension. That strained snapping-point moment that we all know, and dread, is *not*. It does not exist. “What must I do?” “What God wills.” They say this and it seems to have soaked through every-day life. “I am the Master of my fate,” “I am the Captain of my soul?” Not at all, say they, that way leads to nervous prostration, it’s too much responsibility. “*Molto Stentura*” (misfortune) has Italy, but it never crushes her.

HOUSEHOLD HYGIENE

By ISABEL McISAAC

I.

THE SITE OF THE HOUSE

A SCIENTIST recently said, “A good housekeeper is a woman who understands cooking and bacteriology;” which at first thought seems a narrow range of intelligence, but when one grasps the principles of chemistry concerned in cooking and the principles of bacteriology, it is soon very evident that the two sciences cover enormous fields, which include the simplest domestic duty as well as the most elaborate preparations for surgery.

Incredible as it may appear, there are still persons who criticise the teaching of bacteriology to nurses, but in spite of their protests the teaching has steadily increased, and there is every reason for thinking that within ten years bacteriology will be taught as much or more in every public school in the country.

Any woman who is at all familiar with good housekeeping cannot fail to be impressed, when she takes up bacteriology, with the really good technic which has prevailed in well-ordered households for generations; the cleanliness of food, clothing and furnishings was perhaps due to the æsthetic sense of our grandmothers, but some of us can recall hearing them express themselves, before the germ theory of disease was known outside of Pasteur’s laboratory, upon the sources of infection in tuberculosis and child-bed fever and upon the dangers from disease lurking in unclean beds and dish-towels. Their observance of the time-honored rite of house cleaning, especially in the spring, after the “shut-up” season, was not instituted upon any scientific knowledge they possessed, but certainly speaks volumes upon their insight into cause and effect.

They sterilized food for preservation and in times of epidemics of cholera they gave their families only freshly cooked (sterilized) food, and for generations they have sterilized the household linen. Men always require reasons for doing anything, but women do many things (rightly) by a sort of unfailing intuition.

The time has come, however, when women demand reasons, and are no longer satisfied to stumble, this being especially in evidence with nurses and housekeepers, who hold the household health largely in their hands.

An intelligent householder, in choosing a habitation in the country or town, will first consider the nature of the soil upon which it is built, avoiding low, heavy, wet soil which contributes dampness to the walls and often standing water to the basement or cellar. In cities this point need not always be considered, as in many cities the contour of the earth's surface has been altered by cutting down or filling in, and with a good system of sewerage standing water is practically unknown. Much more attention should be given to the outlook in choosing the site for a house; even in large, compactly built cities, there are advantageous or unpleasant features involved in a choice, which do not necessarily affect the price of the site, and one cannot fail to be struck by the lack of appreciation exhibited by the majority of persons in their selection of the site for a house. The corner of the block in a city or town is naturally more desirable and likewise more expensive; but if one may choose between the corner site and expensive furnishings let the choice be the corner; it will not be impossible to improve the furnishings later, but the advantages of sunlight and better outlook cannot be bought at a subsequent time.

The writer recalls a long street in an attractive town, along the top of a hill overlooking a charming stretch of valley, river, and lake, where every house on the valley side of the street has its back turned to the glorious view, and the brow of the hill is covered with stables, hen houses, etc., and all of the living rooms in every house overlook a narrow, dusty, commonplace street. The difference in effect upon every human being who looks out upon such a street and those who daily see a panorama of beautiful country cannot be estimated. It is not that we might all have a lovely vista, but that we are so dull as to turn our backs at what often lies at our very doors. In the country, one may see thousands of farm houses near rivers, lakes, or mountains, and ninety-nine out of every hundred are huddled up to the dusty highway, while stables and barnyards face the mountain or the water, and the rivers are used for dumping garbage.

The same lack of appreciation is exhibited in the choice of apartments and single rooms in the large cities; nurses in particular should seize every possible advantage in choosing the room or rooms where they will live while off duty. With the multiplicity of telephones and increased transportation facilities in most cities and towns, it is possible for nurses to find their habitations nearer the parks and suburbs, away from the dirty, noisy, congested centres of the cities, where the single window may look out at an alley or the blank wall of a court. Then let the windows face east, southeast, or south, preferably southeast, where the very early sun does not disturb the late sleep of the overtired nurse, and the room is flooded with sunlight in the middle of the day.

A house standing with its four corners to the points of the compass will have sunlight in every room at some hour of the day, which is one of the most important hygienic features in selecting the site for a habitation. Obviously it is only the rich or very well-to-do in cities who can afford such sites, but for those of limited means, which compel limited space, much forethought should be expended upon situating the house in a way to utilize the light and air to the best advantage.

There are millions of houses having dull, dismal rooms, which might have been bright and with a cheerful outlook if some one had given a few minutes thought to the subject. When sunlight and air become fashionable, like gilt chairs, cut glass vases, and lace curtains, think of the people who will have to spend their money to get what they might have had for nothing!

(To be continued)

A SUCCESSFUL CENTRAL REGISTRY

By LILY KANELY, R.N.

Graduate of Garfield Memorial Hospital, Washington, D. C.

SINCE December, 1906, the Central Registry for Nurses, established under the Graduate Nurses' Association of the District of Columbia, has been in successful operation and has been self-supporting from the beginning.

By giving an entertainment, a fund of \$200 was obtained to be used in furnishing and the extraordinary expenses of establishing and organizing; so that revenues might be used for current expenses alone, and the registry be free of debt or obligations.

Success was assured by several superintendents in town, who had maintained registries, each for the benefit of her own graduates, agreeing

to give up these registries as soon as a central registry should be in operation.

Members of the association, as a body, also pledged themselves to support the registry in the first days of its existence by registering and paying the fee, and many who had an assured clientèle, or were not engaged in private nursing, did this for the first year or two with commendable loyalty, until the registry had established its claim to usefulness, and was assuredly self-supporting.

The registry is under the management of a committee composed of the president of the association, ex-officio, and ten other members, elected annually by the Council, one of these ten being selected to act as chairman.

The committee elects its own treasurer, and the funds are kept separate and distinct from the association funds. Reports are made at each association meeting of all actions of the Registry Committee, disposition of funds, etc., though the committee is free to act at its discretion.

The primary object, of course, was to act as intermediary between nurses and physicians, hospitals, or the public; but a secondary object was to regulate the actions of those nurses who, with little or no nursing education or even experience, had been able, and often with the consent of physicians, to represent themselves as graduates and charge the same amount as graduates.

To this end, and because there is always a demand for such experienced nurses for convalescent patients among people of moderate means, or for chronic cases of long duration, and because it was deemed advisable to make the registry useful to as great a mass of physicians and the public as possible, it was decided to take upon the registry list experienced nurses as well as graduates.

These are divided into three classes: those with some hospital experience who may charge up to \$15.00 per week; those who have had some years of experience under physicians, who may charge up to \$10.00 per week; and those of no particular training, but whose known good character and reliability, and long experience with some chronic case, make them useful with that class of case. These may charge up to \$8.00 per week. Any one registering on these terms must agree not to take cases, whether obtained through the registry or not, for more than the sums mentioned.

When an instance of a breach of this agreement comes to the notice of the Registry Committee the person is warned the first time, and the second time may be dropped from the registry list.

At the beginning of the present year, in order to stimulate an interest in state registration among the recent graduates of training schools in the District of Columbia, it was decided that no graduate should be eligible to the benefits of the registry who was not a "registered nurse" according to the law. This did not exclude the non-graduate, or experienced, class, as it applied only to graduates.

In such an undertaking as a central registry the work of the registrar is somewhat complicated, in trying to adjust the claims of the nurses to the demands of the physicians, to act with tact as well as justice and fairness to all concerned. It may be said that this has been done satisfactorily in the present instance.

In the beginning of the third year the business affairs were in so satisfactory a condition that it was possible to engage an assistant to the registrar, at a small salary, to relieve the regular incumbent for a certain time each day, or as they may agree between them.

This small account may interest those about to start such registries in other cities, giving, as it does, the principal reasons for the success of this one, *i.e.*, the public spirit of the superintendents mentioned in giving up their own private registries, the loyalty of association members in supporting the registry in its infancy, and the decision to make the registry useful to as great a number of people as possible.

AN ACCOUNT OF A CASE OF EPILEPSY

By THERESA ERICKSEN, R.N.

Graduate of Northwestern Hospital, Minneapolis

BABY M., a little girl two years old, and seemingly in the very best of health, was sitting at a child's low table eating her supper at 6 P.M., November 17, 1907, when we noticed her falling down, or rather sliding down, from her chair in a dead faint, and on picking her up we found her quite rigid. She soon came to, but seemed very uncomfortable and dazed until she vomited, after which she went to sleep as usual. The doctor who was called and who knew the child well, thought it was only a case of digestive disturbance and ordered calomel in doses of gr. $\frac{1}{10}$, until one grain had been taken, followed by castor oil, 3ii.

The next day she seemed much as usual until afternoon, when she looked very tired and wanted to lie down or to be held. She had her light supper at 6 o'clock and was put to bed at 6.30. At 7 P.M. we heard a short cry, and on running upstairs found her in what we still thought was some stomach disturbance, though she had always before

had a good digestion. This little spell lasted only a few seconds, after which she went to sleep. At 10.30 P.M. she again screamed out, and this time we became alarmed and called the doctor. In the meantime, I gave her a simple enema, a mustard foot bath, and an alcohol rub. There was a good result from the enema, the stool well digested. She again vomited. Doctor C. gave no order except to watch her. She slept quietly from 11.30 P.M. until 5.30 A.M., her usual waking time.

The next day, November 19, we gave her mostly liquid diet and kept her very quiet. She had, during the day, only one fainting spell, as we still called it, as she would seemingly lose consciousness only for a few seconds. Her temperature was normal, pulse 100, respiration 28.

November 20. We found her pulse intermittent, and when the doctor called he ordered tincture digitalis, gtt iii, t.i.d. P.C. She was also ordered to bed, and after this she was either in bed or in our arms. She became extremely nervous and peevish. Her temperature was 98.8°, pulse 88, respiration 28. She had two good stools and voided plenty of urine; her appetite and digestion were good. During this day she had four fainting spells.

November 21. She had rested quite well during the night, and at 6 A.M. her temperature was 98°, pulse 78, respiration 20. She had a fainting spell at 8 A.M., her pulse was 60, and as her heart was still very bad we did not think of epilepsy. At 8.40 A.M. she had another attack, and this time she screamed out and became very rigid, with a vivid blue color which soon changed into a grayish hue. This attack lasted two minutes. At noon she had still another, and we began to fear spinal meningitis. Dr. C. now ordered tincture digitalis gtt. ii, t.i.d., and bromide potassium, gr. iv, every four hours; aromatic spirits of ammonia gtt. v, p.r.n., also warm tub baths whenever she became rigid. From noon until 7 P.M. the child had four very severe convulsions, each lasting from three to five minutes. At 9 P.M. a consultation was held, and during the doctors' call a very rigid convulsion occurred. This time she uttered a loud cry, her teeth were set, and there was froth at the mouth. Her color was ashy and her head was drawn to the right side. There was now no mistaking the diagnosis—epilepsy. The bromide solution was ordered given every two hours instead of every four hours. She was put on a very nourishing diet which consisted of soft boiled rice, raw eggs, beef broth, cooked fruit, and plenty of milk. Her appetite after she got thoroughly under the bromide was better than it had been for several weeks previous. At 10 P.M. her temperature was 100°, pulse 120, respiration 30. During the night she had four more convulsions, all hard ones, and her eyes twitched a great deal.

November 22. At 6 A.M., temperature 101°, pulse 102, respiration 30. She voided urine only when coming out of a convulsion. Her bowels moved twice a day, also after a convulsion. From November 22 to November 23, she had ten convulsions, none less than three minutes in length. Between the convulsions she was very fretful and nervous.

November 23. Evening temperature 99°, pulse 106, respiration 30. She had had eight convulsions.

November 24 and 25. She had nine convulsions each day; morning temperature 101°, pulse 110, respiration 30.

November 26. At 4 P.M. there was another consultation and chloral hydrate gr. v, b.i.d. by rectum was added to the bromide, of which she was taking gr. xxxviii, each twenty-four hours. Tincture digitalis, gtt. iii, was continued b.i.d. This day she had fifteen convulsions; between 5 P.M. and 8.30 P.M. she had five. She usually slept about an hour after an attack and then would wake and go right into another.

November 27. She had nine convulsions.

November 28. She had eight, but they were much lighter; she was not so rigid, she was also less nervous.

November 29. Only one convulsion. Temperature, pulse, and respiration continued about the same as before; she was, however, very weak and seemed dazed.

We continued the same treatment until December 3, when the chloral and tincture digitalis were discontinued. The bromide solution was kept up until December 7, when gr. iv every four hours during the day were given, making the amount for twenty-four hours gr. xvi.

December 26, it was changed to t.i.d. She weighed thirty-five pounds.

On January 8, 1908, she was again weighed and had gained two pounds.

When an attack began, I would at once lay her on a bed I kept for that purpose, prepared with a pillow, rubber and draw sheet, and one light blanket. I would then watch to see that she did not hurt herself. I used also to put a small granite basin under her to receive the involuntary discharges. I found it better than a chamber or bed-pan. I kept her in a flannel nightdress, so that she might be warm but unrestricted.

Her recovery seems to be complete and the physicians do not anticipate any return of the trouble. Everything is being done for the child in the way of healthful living.

OUTLINE OF PLAN TO SECURE SKILLED NURSING FOR THE POOR AND FOR THE FAMILY OF MODERATE MEANS

By MARY G. LIBBY, M.D.

Graduate of the Massachusetts General Hospital Training School

- I. Establishment of visiting nurse association.
- II. In connection with this: (1) Directory for nurses; (2) collection of ordinary sick room utensils to be loaned or rented.
- III. Arrangement of working plans with philanthropic persons and societies for care of: (1) The sick poor: (a) by the hour; (b) by the day; (c) by the week. (2) Patients able to pay a moderate fee: (a) by the hour; (b) by the day; (c) by the week.
- IV. Arrangement and publication of an eight or twelve-hour plan for the care of the well-to-do.

Such associations might be established, financed and managed by the nurses themselves, in towns of sufficient size to give employment to a number of nurses.

Churches would solve the problem for their sick poor by voluntary contributions, or by loans to persons who were temporarily embarrassed.

Masons, Odd Fellows, Woodmen, societies innumerable, have for one of their reasons for being the assistance of members in distress. By co-operation these various interests could provide a fixed salary for a sufficient number of nurses to do the necessary work in their community. This fixed salary might be considerably less than the usual price charged by the nurse when working by the day or week, if it is understood that no nurse shall be required to work more than a limited number of hours, when she shall be relieved by another nurse from the association.

This association work on a small salary might well, it seems to me, attract recent graduates, who would thus become accustomed to the problems and duties peculiar to private work. Why might it not be welcome as an occasional oasis in the life of any private nurse? Many, I believe, become weary of catering to the whims of the wealthy and would find a real relief in an opportunity to minister to the urgent needs of the poor. This they could afford to do if assured of a salary sufficient to cover living expenses and of relief from duty and responsibility for a certain number of hours daily.

A large part of the physical and mental strain from private nursing comes from continuous residence under the same roof with the patient

and the patient's anxious friends. The various modern devices for rapid and inexpensive transit will, I believe, in great measure, obviate this necessity, and thereby add to the length of life and usefulness of the private nurse.

A plan of life which unfits the individual to pursue her vocation after ten years of service is unworthy of our civilization. A worthy nurse is not only worthy of remuneration upon which she may subsist, but she is also worthy of a fair opportunity to live a life of average length.

HOUSEKEEPING FOR TWO

By ANNA B. HAMMAN

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(Continued from page 419)

PERHAPS one of the hardest times of the year to feed ourselves or others is in the early spring months. The winter dishes have lost their attraction, the summer fruits and vegetables are still a long way off, except for city dwellers, who have the doubtful privilege of paying a high price for hot-house or southern products. Many of us have had too much furnace heat and too little out-door air for several months, and both appetite and spirits show the effect. At no time of the year, possibly, does it matter so much how food looks. And once more, the salad is the best of resources. But what is it to be made of in these degenerate times? A firm, crisp carrot is still available, and a potato. Remove the skin, and cut the vegetables into half-inch dice. Drop them into boiling water, and let them boil very gently, so that they will not break, until tender. They may be cooked together, putting the carrots over about ten or fifteen minutes before the potatoes. When they are done, drain them and drop them into cold water and let them stand until chilled, then drain again. Mix them with plenty of well-seasoned mayonnaise or cooked dressing, and, if a small head of lettuce is obtainable, serve the salad on a leaf or two of that. If you haven't the lettuce, the salad itself piled lightly on a dish, with a spoonful of dressing on top, is sufficiently attractive. Make some little baking powder biscuit, mostly crust, to eat with it, and see what a good spring-time lunch you have.

Fresh tomatoes are a temptation in city markets long before their proper season arrives. But at twenty-five cents a pound they are a temptation to be strenuously resisted by the economical housekeeper. Buy a can of tomatoes instead, and use a cupful of it to make a tomato jelly salad, which will be a pleasure to both eye and palate. The rest of the can may be used for sauces or soup, or as plain stewed tomatoes.

Tomato Jelly Salad. One cup stewed and strained tomatoes well seasoned, three-quarters teaspoon granulated gelatin, two tablespoons cold water. Soak the gelatin in cold water five minutes, then set the dish over hot water until the gelatin is thoroughly dissolved. Remove from fire, stir in the strained tomatoes, and strain the mixture into custard cups or sherbet glasses which have been wet with cold water. Set in a cold place, and, when thoroughly chilled, turn out on lettuce leaves, and put a spoonful of thick mayonnaise on each mould.

Horseradish is a good spring-time relish, and a lettuce salad served with olive oil and a little grated horseradish mixed with vinegar is most appetizing.

The potato needs fixing up a little in the spring to make it acceptable until new potatoes are once more possible. One variation may be scalloped potatoes. Pare two potatoes and slice them very thin. Put them in a baking dish and pour over them a half-cup of hot milk in which a tablespoon of butter has been allowed to melt. A quarter teaspoon of salt should be added to the milk. There should be milk enough to just cover the potatoes. Bake an hour or more in a moderate oven. The potatoes should be very tender, the milk absorbed, and the top nicely browned.

Creamed potatoes look much more spring-like if a teaspoonful of chopped parsley is sprinkled into the white sauce. Anything green, anything new, anything with a zest and a snap in it for the early spring time. And it won't hurt you any to go without a meal some day, and just put a sandwich in your pocket and go out and hunt up the green things that are beginning to poke up through the ground.

Eggs fortunately are getting cheaper and are good. A dropped egg on a thin slice of brown toast with two or three crisp curls of bacon appeals to sight and smell and taste. For the eggs, bring the water to the boiling point, then set it off the fire, and slip the eggs, one at a time, into the water from a small dish, being very careful not to break the yolks. Cover the pan and let the eggs stand while you make the toast and butter it. Slip a knife under each egg to loosen it from the pan, lift it on a skimmer, drain it thoroughly and slip it on the toast. Meanwhile the bacon should be cooking. If you buy bacon in the piece, you must have a very sharp knife to shave it in thin slices. If the butcher cuts it for you, you will have to stand over him to make him cut it thin. It is easier but considerably more expensive to buy sliced bacon in glass jars.

For the bacon, have the frying-pan hot, put in the slices and brown them on each side. Don't let the fat smoke, or your bacon will be scorched and your house unnecessarily saturated with the smell of over-

heated fat. If the bacon is thin and nicely browned, it will become crisp as it is taken up.

A thin slice of broiled ham may take the place of the bacon sometimes. Ham must be of very good quality if it is to be broiled. Have it cut thin and cook it quickly over a hot fire. Broiled ham and dropped eggs are more wholesome, more delicate and less odoriferous than fried ham and eggs.

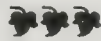
Creamed Codfish. Pick apart the salt cod in small pieces, making a half-cupful. Cover it with cold water and bring it gradually to the boiling point. Drain it, leaving about a tablespoonful of water on the fire. Make a cup of white sauce, using two tablespoons each of butter and flour to a cup of milk. Add the fish to the white sauce, and just before serving stir in a beaten yolk of egg.

Steamed Custard. Two eggs, two tablespoons sugar, one and one-third cups milk, few grains salt, one-half teaspoon vanilla (scant). Scald milk. Separate whites and yolks of eggs. Beat yolks slightly, add sugar, stir in scalded milk, add salt. Cook over hot water, stirring constantly until the mixture is of the consistency of cream. Cool, add vanilla, and turn into serving dish. Beat the whites until stiff, add one tablespoon granulated sugar for each white. Take up the egg white in teaspoonfuls, smooth it with a knife and drop it on hot water. Cook until the surface is firm and dry. Drain and scatter over the top of the custard. Thoroughly chilled, this is a very acceptable dessert as the weather grows warmer.

If cooked too long or at too high a temperature, custard is likely to curdle. If it should begin to curdle, set the dish quickly in cold water, and beat the custard vigorously with a dover egg beater. This will often make it smooth again. When the custard is first put on to cook, it will run off a metal spoon like milk. When it has cooked enough, it will cling to the spoon like cream. As soon as it does this it should be taken out of the hot water.

A word should have been said in the last number about the measurement of flour. Flour should be sifted before measuring, and then should be piled lightly in the cup with a spoon, without packing or shaking down. This gives a fairly uniform measurement. If this rule is followed, the proportions given in the muffin recipes will be found correct, while, if the flour is packed, the muffin batter will be too stiff. The muffin rules call for pastry flour, which will make them more tender than bread flour. It is possible, however, to make good muffins from bread flour, but it should be used in smaller quantity, as it takes up more moisture than the pastry flour.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

TREATMENT OF "TYPHOID CARRIER."—The *New York Medical Journal*, quoting from the *Lancet*, says: Irwin and Houston report the case of a girl, aged twenty-six years, who contracted typhoid fever seven years previously, since when she had had typhoid bacilli in the stools and urine, and six people living in the same house with her were attacked with typhoid fever. She was given a series of injections of a typhoid vaccine (sterilized typhoid bacilli) with the result that the bacilli disappeared permanently from the stools and the urine.

BEE'S STINGS AND RHEUMATISM.—E. W. Ainley Walker, in the *British Medical Journal*, reports that he has investigated the statement that the sting of a bee will cure chronic rheumatism. Walker collected information from country doctors, bee-farmers and from Dr. Ferc in Austria, who treated 700 cases of chronic rheumatism with bee's stings during the last thirty years. That the subject is worthy of earnest consideration is evidenced from the reports collected by Walker. A peculiar fact brought out in these investigations is the knowledge that sufferers from rheumatism are very little susceptible to the bee's sting. The active principle in the bee's poison is probably formic acid, which is found in the poison with an alkaloid. Further study of the subject is advisable, and hypodermic injections of the poison could be tried.

SURGICAL TREATMENT OF EXCESSIVE AXILLARY SWEATING.—The *Medical Record* says: F. J. Porter refers to the discomfort of this condition in hot climates and instances the case of an army surgeon who contracted septicæmia and had to have made an extensive excision of his axillary glands. Owing to sinuses, it was necessary to remove considerable of the skin and on recovery he found an absence of sweating, and examination showed that all of the hair-bearing skin of the axilla had been removed and along with it the large sweat-glands. The comfort to the surgeon was so great that he had a similar operation done under cocaine and adrenalin on the other axilla. The reporter says that the operation is simple, painless, and does not require opening the axilla, and is free from risk. If the suturing is carefully done, the wound heals primarily and the arm may be used in a week.

TREATMENT OF CANCER WITH COCAINE.—The *Medical Record*, in a synopsis of a paper in the *British Medical Journal*, says: R. M. Gilchrist summarizes the histories of fourteen cases. In every case the general constitutional condition of the patient was very much impaired, even if only for a time. The author says that for the relief of pain cocaine stands unrivalled, for while it eases or takes away the pain, it produces none of the objectionable conditions of opiates. In every case of uterine cancer in which hemorrhage was a prominent symptom, the administration of cocaine was followed by immediate benefit. The author goes so far as to say that he considers cocaine a valuable diagnostic agent, for in case of a doubtful growth he would consider the absence of improvement following cocaine evidence of non-malignancy. The remedy has been given both internally and externally. The author cannot say whether the remedy has any power over or effect on the embryonic epithelial cell of malignancy whereby a malignant is converted into a benign tissue, or whether benefit arises from the powerful stimulus of the drug. Cancer patients will stand large doses of this remedy.

ASTHMA; ITS CAUSE AND TREATMENT.—The *Medical Record*, quoting from the *British Medical Journal*, says: According to W. Lloyd there are three causative factors in asthma: (1) The presence of hypersensitive areas in the nasal mucosa or a special sensitiveness of the gastric mucosa; (2) a special irritant of the pulmonary nervous system which constitutes the asthmatic idiosyncrasy with which the patient was born, and (3) the presence of an irritant, *e.g.*, odors, dust, smoke, dietetic errors, etc. Treatment follows according to this classification. In a given paroxysm inquire as to the last meal and remove any obvious exciting cause. If the patient is in a bad atmosphere, remove him. Get him out of bed, bolster him up in an armchair before a cushioned table on which he may rest his elbows and throw himself forward. Ipecac powder will occasionally cut short an attack and permit of a good night. Some patients can get the same relief from pipe tobacco, but all such remedies must be used early. Plain strong hot coffee is one of our surest remedies. Alcohol, cocaine, and chloroform are all serviceable, but the danger of habit formation must not be forgotten. Stramonium smoking and nitre paper fumes are often efficient. The author's experience with the iodide of potash has been disappointing. The food should be nutritious and easily digestible. Asthmatics should dine early, so as to retire on empty stomachs. Intranasal abnormalities must be rectified. For ordinary intranasal irrigation the normal salines are better than the usual antiseptics employed for this purpose.

ALMOND CAKES FOR DIABETICS.—The *New York Medical Journal*, quoting from a French contemporary, says: Le Goff gives the following recipe for making almond cakes for use in the feeding of diabetic patients: pulverized sweet almonds, 250 grammes; eggs, No. 2; sodium bicarbonate, 2 grammes; tartaric acid, 1 gramme. Triturate to a paste and cook for twenty-five minutes. Each cake of the combined weight of ingredients is said to contain from five to seven per cent. of carbohydrates.

CURRENT LITERATURE OF INTEREST TO NURSES

Maryland Medical Journal, February, "The Physiological and Therapeutical Influence of the Mind on the Body," Magruder. *American Journal of Surgery*, February, "Borderline Cases in Medicine and Surgery," Allison. *Interstate Medical Journal*, January, "The Physical Culture of the Puerperium," Gellhorn. *Medical Record*, February 13, "Diet as a Means of Increasing Vital Resistance in Tuberculosis," Kellogg; February 20, editorial, "What is Typhoid Fever?" *New York Medical Journal*, February 13, "Prophylactic Inoculations against Typhoid Fever," Shoemaker. *Journal of the American Medical Association*, February 27, "The Abuse of Surgery," Wiggins; "The Advantages and Difficulties of Publicity in Connection with Municipal Public Health," Levy; "Food Intoxication in Infancy," Brennermann; March 6, "Constipation." *The Nurses' Journal of the Pacific Coast*, March, "The Wreck of the *Æon*—Ten Weeks a Castaway," Campbell. *The Outlook*, February 20, "America Sober," Barrows; March 6, "Porpoises and Stars," Poole. *McClure's*, March, "Evidence against Alcohol," Rosanoff. All the recent issues of *Charities* contain articles which nurses who are social workers cannot afford to miss, and which any nurse would be wiser for reading—articles on child labor and industrial conditions.

"I do the very best I know how, the very best I can, and I mean to keep doing so till the end. If the end brings me out all right, what is said against me won't amount to anything."—LINCOLN.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

THE INTERNATIONAL CONGRESS IN LONDON

THE program of the Congress promises to have some remarkably valuable papers on broadly altruistic lines, such as the scope of the nurses' obligations and opportunities as patriotic citizens and members of civic communities. The dates—we will repeat them each month for the convenience of our readers—will be from the 19th to the 23d of July. No credentials will be needed by nurses visiting the Congress, save only for the official delegates on the day of the business meeting; this meeting, too, will be freely opened to nurses, and will consist partly of discussions on topics proposed by the associations of different countries. We shall thus see how much alike all our problems are. The most notable lion at the Congress will be, without a doubt, Mr. Haldane, the Secretary of State for War, who has promised to give the opening address in the session on "The Nurse as Patriot." Miss Elston will speak on "Military Nursing in France" at this session. As we know, trained nurses have just been admitted into army hospitals there.

Mlle. Luigi, whose training school at Béziers is the first child of the Bordeaux schools, will speak on "Nursing Education."

OUR FOREIGN FRIENDS

MISS TURTON, who is working with Miss Baxter in Naples in the big hospital full of victims of the earthquake, writes to the *British Journal of Nursing*: "This month has brought the question of nursing imperatively before the public. Will what is good remain of the chaotic mass of *infermiera* who have rendered assistance in our hospitals, institutions, or wherever the wounded have been received? Will a better organized preparation of professional and of Red Cross nurses result? Or will the wave of enthusiasm sink into a greater indifference by reaction? Time will show. Meanwhile we will continue to work on patiently, thankful that the Croce Azzurra has been able to present at least a small body of disciplined and well-taught Italian nurses, as type of what is needed in all our hospitals."

MISS ELSTON writes that July is not the best time for French nurses to go to the Congress, as they have their examinations in that month; however, she is coming to London with Dr. Hamilton, and we hope Mme. Kriegk and some of the "Bleus" will be there also. Mme. Jacques and some of the pupils of the municipal training school in Paris are coming, and perhaps M. Montreuil. It must be a matter of regret to Paris nurses that this genial director has retired from hospital service; however, as he remains an honorary director, he will not lose his interest in nursing.

MLLE. FAURE, a French graduate from the Presbyterian Hospital in New York, writes that she has been experimenting with hourly nursing in Paris.

WE are glad to see in the foreign journals that the director of the *Assistance Publique* in Paris has given a set of wards for the training of the pupils in the school at 10, Rue Amyot. It is to be hoped that they may acquire a whole hospital

ENGLISH and Irish nurses are justly outraged at the latest performance of Mr. Burdett, whom we had hoped to have heard the last of. He is sending around a printed paper called a "plebiscite," on which to get signatures against (and for? *No*) registration, and with it goes the most naïve and innocently open bribe—for it is nothing less—of a few dollars for the one sending the most names! Our good worthies in this country who think they know something of the art of bribery had better sit up and take points. Of course all organized nurses in meetings denounced the base scheme, for it is well known that many hospitals in Great Britain have more ways than ours of intimidation of graduates and permanent nurses.

THE Sixth Annual Report of the German Nurses' Association is a masterly document, and gives a wonderful idea of the many activities and very serious responsibilities of the officers of the association. Our space is quite inadequate to a worthy résumé of this report. Briefly, it may be said that the German Nurses' Association is bound to carry on, for its members, some of the duties of an insurance office, much of the work of a state examining board for registration, many of the details of the superintendent of a large training school for nurses, and a vast amount of census-keeping, such as we only see done by governmental bureaus, and not always by them. With this, the association carries on the club and study work with which our associations are more familiar, and goes seriously into civics, being affiliated with women's organiza-

tions for philanthropic and civic work, and it has recently joined the Social Reform Society, which is the German branch of the International Association for Labor Legislation, whose aim is to bring about a humane and intelligent regulation of the hours of work in all lines.

ENGLISH nursing journals give interesting accounts of the newly organized Territorial Army nursing scheme, by which a nursing service is being formed to serve in the general hospitals of the Territorial Force. The Queen is to be the president of the service. It is proposed to form a local committee in each hospital centre which will receive the names of nurses wishing to join the service. Such committees are to be composed of women, including heads of training schools and hospitals. Territorial Hospital No. 1 is to be staffed entirely by men of St. Bartholomew's Hospital, past and present, and the nursing staff will be composed of St. Bartholomew's nurses, under the organization of Miss Stewart, who is one of the organizing matrons. There will be four general hospitals, requiring altogether a staff of 480 nurses.

THE Cuban nurses have formed an association with Senorita Marguerite Nuñez, of Hospital No. 1 at Havana, as president. They have been invited to send members to London to the Congress. Miss Hibbard, with the assistance of some of the American nurses in Cuba, has been requested by the government to organize a district nursing service for tuberculosis work in Havana, Cuba. Nursing affairs in general in Cuba progress steadily under the excellent organization of education there. The registration act in force there since 1902 works well, the three years' course is general; there is a nurse sitting as a member on the Central Board of Hospitals, and another holding the position of general inspector of nurses. The duties of this position are to inspect all schools for nurses, all hospitals, private or public, and all schools in sanatoria, etc., that employ graduate nurses, for, as such nurses all hold diplomas from the state training schools, the state supervises their work, wherever they may be after graduation. We recommend this example to our friends in all states who long to return to the good old days when the word nurse was a synonym for ward-maid or scrub.

MISS CHOKO SUWO, who had been taking various courses of post-graduate work in this country, has returned to Japan. Miss Suwo has promised to contribute the chapter on Japan to the third volume of "A History of Nursing."

THE Swedish nurses are issuing a charming little journal in blue and white, of which the first three numbers have reached us. They are

planning to found a national society, and it is just possible that they may be ready to enter the International in July. This would cause great rejoicing.

A CURIOUS mistake was made in this country about the franchise in Sweden. The Atlantic cable sent word that it had been extended to "all the inhabitants" of that country, and all the dailies and monthlies had editorials, supposing that women were enfranchised. Even the *Outlook* had an editorial. But it seems that Atlantic cable only meant men!

THE first examinations of nurses under the new registration act of Belgium have recently taken place in that country. About 400 candidates presented themselves.

M. MESUREUR has arranged with the authorities of St. Bartholomew's hospital to have certain ones of the pupil nurses in the Saltpêtrière school spend two months in the wards of the English hospital, and four of them are now in their second month there, very happy, and the centre of much interest.

EPITOME OF TRAINING OF NURSES

I

Application, Probation, Acceptation.

II

Recitation, Occupation, Adaptation.

III

Insinuation, Vexation, Repudiation.

IV

Examination, Vacation, Illumination.

V

Preparation, Operation, Restoration.

VI

Rumination, Graduation, Salvation.

OBSERVER.

THE VISITING NURSE DEPARTMENT



IN CHARGE OF
HARRIET FULMER

THE problem of bringing skilled nursing care to the great middle class and the wage earner of moderate means, is still ringing in our ears. We discuss the matter at every nurses' gathering, large and small, and within our own ranks it is still unsettled. I believe firmly that the matter will be adjusted when visiting nurse organizations can be induced to create a separate pay department (perhaps self-supporting), just as hospitals have pay beds to meet the needs of small wage earners. While the average visiting nurse organization is maintained as a charity, I think it is a great mistake to dwell on this phase of the work and thus deprive many a worthy case of skilled care, because they can pay something, and yet are not willing to become an object of charity. If the nurse were employed as a regular member of the association, she could be required to have the same standard, and be directly under the control of the association. She would receive the regular salary the year round, and the patrons would be under financial obligation to the association only. Most visiting nurse associations have a high standard for their workers, so that the chance of the working man getting inferior service from a cheap nurse supplied by a general registry would be obviated. Many a good nurse cannot take the cases in the homes of these working people for a reduced rate, because she cannot afford to do it. With an assured salary this objection is overcome and the middle-class family gets the skilled care it requires, just as the destitute poor man's family is receiving it to-day from these same organizations.

Boards of directors and nurses promoting visiting nurse work would do well to consider the nursing of the middle classes as one of their chief duties and obligations, just as hospital boards provide for the maintenance of beds where people may pay within their means, the income from these beds often being far below the actual cost of maintenance.

At the Conference of Visiting Nurses in Chicago in April last year, the adoption of a common seal or emblem for all visiting nurse organizations was discussed. The Cleveland organization submitted several designs at that time, one of which seemed to embody the real purpose and future of the work, and after giving every society the opportunity through

the AMERICAN JOURNAL OF NURSING of offering suggestions and designs, it has finally been decided by common consent of several larger organizations to adopt a common emblem giving every organization a right to use it, by paying the cost of the die. The design decided upon is the one submitted by the Cleveland association, this association being generous enough to donate \$500, the price of the design, then charging each society wishing to use it \$50, the actual cost for making the die, which will bear the name of the local society paying for this privilege. There is no doubt that the near future will see a National Visiting Nurse Society formed and the design will then be used as its national emblem. It is very important that the Cleveland committee know at once how many dies to order; therefore every organization is urged to communicate with the editor of this department at once regarding this matter. A picture and description of the design will be sent on application.

THE JUBILEE CONGRESS OF DISTRICT NURSING

THE work of district nursing originated in Liverpool. It was commenced by the late Mr. William Rathbone, Mr. Charles Langton and others, in 1859, and has since spread throughout the United Kingdom, and to many other countries. In commemoration of the jubilee of this important event, it is intended to hold a congress in Liverpool, to which will be invited delegates from all district nursing associations throughout Great Britain, Ireland, the Continent of Europe, the United States of America, and the Colonies; also representatives of medical authorities and of hospitals, with others interested in social work among the poor.

The congress will meet in Liverpool, England, on the 12th, 13th, and 14th of May, under the special patronage of Her Majesty Queen Alexandra. A provisional schedule of arrangements follows.

May 12. 3-5 P.M. Opening of the congress; reception at the Town Hall by the Lord Mayor. 8 P.M. Inaugural public meeting.

May 13. 10 A.M. to 3.30 P.M. Subjects: History of District Nursing in England and Other Countries; Importance of District Nursing as a Factor in Social Work; Maternity Work in Connection with District Nursing; Co-operation with Boards of Guardians, Charity Organizations, etc.

May 14. Morning: School Nursing in Connection with District Work. The District Nurses, Training, Inspection, etc. Future Developments and Valedictory. Afternoon: Reception on board an Atlantic liner.

Several nurses from America are going over and any visiting nurses wishing to go in a special party will please communicate with Miss Fulmer.

The rapid growth of district or visiting nursing work in the United States is very strikingly shown by the figures contained in Miss Waters's forthcoming book; in June, 1905, there were 171 visiting nurse associations and 446 nurses; in December, 1908, 448 associations and 1256 nurses. In 1905, 34 new associations were formed; in 1906, 43; in 1907, 51, and in 1908, 100. Miss Waters's book will also give a full account of all the social service work of nurses and the auspices under which it is being done.

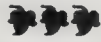
The Antituberculosis Society of Houghton, Michigan, is in need of a visiting nurse with social training and ability to organize the work. A good salary will be paid to a competent person.

"ALL children put under probation by court order should be given (they now are in Chicago) a thorough medical examination, and it should be a part of the duty of the officer in co-operation with parents, visiting nurses, hospitals, and sometimes the best specialists in the city, to see that all physical defects are treated. The number of delinquent children who need medical care is abnormally high, and the probation officer who fails to get medical advice about the children in her care fails to do what she should do for the child."—HENRY W. THURSTON, in *Charities*.

THE Commissioner of Indian Affairs writes, of tuberculosis among Indians, in *The Native American*, as follows:

"The office is confronted by the urgent necessity of doing more than has ever been done before in the way of protecting the Indians against the ravages of the disease, not only for their own sakes, but because the infected Indian community becomes a peril to every white community near it. It is, of course, almost hopeless to try to change the ways of the old-fashioned Indians past a certain point. What can be done in that line will probably be done through the work of the agency and school physicians, who several months ago were constituted health officers with large authority to direct and control the sanitary conditions on their respective reservations. For the younger generation, and for such members of the older generations as may, here and there, be disposed to take advantage of them, I have established and am continually authorizing the establishment of sanitarium camps, where the inmates can fairly live in the open air, be constantly under the eye of the physician, have their diet, clothing, etc., carefully regulated, and be subject to the most stringent regulations as to those matters which make for cleanliness of the person and surroundings, and affect the spread of infection."

LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

PROXY VOTES FOR PERMANENT MEMBERS

DEAR EDITOR: I would like to have the opinion of some of the permanent members of the Nurses' Associated Alumnae of the United States, as to the advisability of petitioning the association to allow permanent members to send their votes by proxy to the annual meetings, as it is impossible for many of them to attend every year, in order to be able to use their votes, as is now required. Many of us sacrificed a great deal to attend three consecutive meetings, in order to become permanent members and have permanent votes. I have heard many expressions of opinion on this subject, from those I am associated with, and other nurses, but wish to hear from nurses in other states.

Yours very truly,

Philadelphia.

N. F. W. CROSSLAND.

POSTGRADUATE WORK

I

DEAR EDITOR: It is generally conceded that postgraduate study of some form is absolutely essential to the proper maintenance of a high degree of professional efficiency. The facilities afforded in this country for satisfactory postgraduate work are not what they should be. Too often the postgraduate course is simply a means of securing unsalaried labor from graduate nurses. Little opportunity for study is given, and the nurse is simply continuing the same work she did as an under-graduate. She undoubtedly takes in some new ideas, but she would advance just as much if she were employed in a hospital where there was no training school at all, or in private work where she is left to her own responsibilities. In a great many cases, postgraduate work is disappointing.

A postgraduate course for which a nurse pays a regular tuition fee, as a physician does, and which gives an opportunity to specialize along some line if she so desires, has long been needed. Nurses will be just as willing to pay tuition fees for such advantages as physicians are if they have the opportunity to do so.

What is greatly needed is a general school to which graduate nurses could go for a term of perhaps three to six months—a school in which a nurse will not be required to go through the same routine that she did in her training—a school that will not require her to work to the point of physical exhaustion so that mental effort is impossible; in short, a school that exists primarily to advance the interests of the nursing profession, one that will regard its pupils as students and keep that point in the foreground all the time.

I have had some little experience in postgraduate work and it was simply a repetition of what I had previously. Having finished my course in a small but very good hospital, I decided to take a postgraduate course in a large hospital. I asked for surgical work, although I had had a very good surgical training. I thought it would benefit me a great deal to take the course in a

large hospital. To my disappointment I was given work in the postoperative ward, instead of dressing or operating room, the same work that I did before graduating. I also wanted theoretical work, but as there were no classes for the graduates, I attended the junior class lectures, if I made arrangements with the head nurse to have my hours "off duty" at that time. The lectures were very good, but it was only a repetition for me instead of an advancement.

After that I took charge of the surgical work in another hospital for several months, from which I not only derived great benefit, as getting new ideas in surgical work, etc., but also received my salary every month. I would have felt well repaid for the time spent there without any remuneration whatever. I sincerely hope the time is not far distant when all training schools will be up to the standard and a general postgraduate school will exist which will be a blessing to all nurses and to the community at large.

E. F. R.

[To take a position as graduate head nurse in a good hospital is one of the best ways of getting postgraduate work.—ED.]

II

DEAR EDITOR: The article in the January issue of THE AMERICAN JOURNAL OF NURSING by Miss Goodrich on "Postgraduate Work in Bellevue and Allied Hospitals" has greatly interested me.

It is my desire to take a postgraduate course somewhere, but I wish to avoid repeating an experience of a few years ago when, endeavoring to find a good course in contagious diseases, after writing to various hospitals, I entered one which was advertising such a course. According to its curriculum it gave lectures and instruction bearing upon the work.

To my horror I found that the ward maid went about in a woollen dress skirt! In an anteroom to the diphtheria pavilion was a closet in which gowns and hoods were kept for both doctors and nurses, all mixed in together. The doctors put the gowns on when entering the pavilion and the nurses put on gowns when going out of the pavilion. A rather remarkable method for a present-day hospital to use in dealing with germs, was it not?

Carbolic acid was supplied only in solution, being mixed (as I understood) by the supervisor of nurses in her office. One day our bottle, which had been taken out to be filled, was returned to us with carbolic globules floating about in the solution!

This is but a portion of what might be said concerning what was seen in a two weeks' stay at a *postgraduate* hospital for the two contagious diseases, scarlet fever and diphtheria. I might add that I heard no lectures.

H. M. C.

BETTER INSTRUCTION NEEDED

DEAR EDITOR: Having recently been, myself, a patient in a hospital that is a training school, I had to blush once more for a mistake I have heard from pupils and even graduates, of more than one school. It appears that many a nurse is not taught that *enemata* is always and only a word of plural meaning, exactly equivalent to *enemas*, the first being a Greek, the second an English form. For the credit of our profession nurses should learn better than to speak of "a nutrient enemata." Whether it be given for cleansing, for nourishment, or for any other purpose, the enema is still an enema, and the plural form

enemata is as applicable to one sort of enema as to another, and not, as some nurses seem to think, merely to the nutrient.

Furthermore, I heard a nurse speak of "*catherizing* a patient!"

I must confess that these indications of poor intellectual training make me feel ashamed. Every nurse among us should take pride in using correctly the technical words that belong to our work. If we are careless we bring upon our whole profession the reproach of unintelligence. X.

REGISTRATION OF CERTIFICATES

DEAR EDITOR: I would like to ask through the JOURNAL why we registered nurses are expected and requested to record our certificates every three years, or, indeed, why once is not sufficient. The doctors register but once.

Before we were given the right to register we were told that "nurses might have a professional degree given by the state as well as doctors;" now many of us are wondering why we must, unlike them, periodically record our certificates. Other legal documents do not require to be so dealt with—why these? Besides it is most inconvenient to attend to this at the time required, if one is out of town. An explanation will be appreciated. E. L. P.

[The provision in the New York law requiring registration of certificates every three years was inserted in the original bill on the recommendation of a number of prominent officials of the New York Medical Society as a safeguard against theft, or the appropriation of registration certificates after death, as has been known to frequently occur in the medical profession. It is supposed to give the nurses greater protection than the doctors have.—ED.]

MISSIONS TO LEPERS

DEAR EDITOR: The JOURNAL of February has just come to me, out on a case in the country, and I noticed among other things the request for information about missions to lepers, where they are located, and if nurses are employed in the care of such patients. Allow me for to-day to give you the following brief information.

The Moravian Church has, for more than forty years, carried on the work of caring for lepers in Jerusalem, and since the early eighties nursing sisters of the Moravian Deaconess' Home of Neisky, Germany, have been employed in the care of these patients. At present, four sisters, with an adequate staff of helpers, are taking care of from fifty to sixty of the poorest of the poor at the hospital "Jesus Hilfe," Jerusalem. At "Bethesda," Paramaribo, Surinam, four other sisters of the same institution are taking care of the same class of patients; this work is of more recent date.

In Central Africa, the Moravian Church has occasion to care for lepers, although here there is not yet a regularly established hospital for them.

In Western Himalaya, in connection with the regular hospital work at Leh, Ladakh, these patients come under their care, and I, myself, as missionary nurse have taken care of several, while engaged in the work out there. The state hospital for lepers of Kashmir is under the supervision of the well-known Doctors A. and E. Neve, medical missionaries at Srinigar, and though here no actual trained European nurses are employed, their influence is made to bear upon the whole institution.

There is one large hospital colony for lepers in the south of India, at Puriella, under the care of the Gosner Mission. It has a European doctor at its head, but I do not think he has any European assistants in the nursing staff. There are other similar missionary institutions in India, but I cannot give full information about them.

If the above information will help to make the noble work which has been carried on by the different missionary societies more widely known, I shall indeed be pleased. May it also put into the hearts of many a desire to support the work by earnest prayer and contributions, which are always greatly needed to successfully carry on the work. L. S.

[This letter came to the editorial office in a roundabout way, which has made it impossible to communicate with the writer and obtain a correct reading of some of the proper names about which there is doubt. The information is too interesting to omit on this account. The nurse who made the inquiry for information about work among the lepers wished, we think, to find a place where a nurse might offer herself for such work, so we specially desire information of a place where nurses are needed to help care for lepers.—Ed.]

DISPOSAL OF REFUSE

DEAR EDITOR: I am beginning to be puzzled as to how nurses are to dispose of soiled dressings in apartments, where, during the summer, there is no fire in the basement, and none but gas stoves in the apartments. Will nurses who have solved the problem kindly help out those who have not.

E. L. P.

TREATMENT OF FLAT-FOOT.—Schanz calls attention to the fact, which has been generally overlooked hitherto, that the arch of the foot is a transverse as well as a longitudinal arch. The transverse mechanism may be out of gear without disturbance of the longitudinal, or both may be involved. This is the explanation of the persistence of symptoms after correction of flat-foot: the transverse arch has not been corrected with the longitudinal. The disturbances in the transverse arch are experienced in the front part of the foot, and it spreads out abnormally wide; between the ball of the big toe and the ball of the little toe the distance is over a quarter of an inch wider than in the other foot. By strapping the foot with adhesive plaster to bend it into proper shape to restore the transverse arch, all disturbances vanish. He prefers for the purpose a strip of cotton flannel and Finck's glue. This makes a plaster that fits better and is more easily removed. The glue is made of 7 parts Venice turpentine, 6 parts mastic, 12 parts colophony, 4 parts white resin, and 90 parts 90 per cent. alcohol, mixed and filtered. A thin layer of this mucilage is spread over the foot, and the fuzzy side of the cotton flannel adheres firmly to it. He regards this combination of glue and cotton flannel as a marked advance in the technic of such dressings. He also gives an illustrated description of a durable leather device to wear to sustain both the longitudinal and the transverse arch.—*Journal American Medical Association*.

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

THE National conventions are scheduled as follows: the Superintendents' Society, St. Paul, June 7 and 8; the Federation, Minneapolis, June 9; the Associated Alumnae, the First Baptist Church, Minneapolis, June 10 and 11.

Delegates to Nurses' Associated Alumnae may go direct to Minneapolis even though they may be planning to take in all the meetings of the week, as there is excellent street car service between St. Paul and Minneapolis. Cars run every seven minutes, three car lines, one hour's ride between cities.

Governor John A. Johnson will welcome all the delegates and others in attendance.

A reception will be tendered the nurses at the Capitol at St. Paul.

Following the Thursday afternoon session the nurses will be taken in automobiles to Minnehaha Falls for their evening luncheon.

ANNOUNCEMENT.—Alumnae county and state associations affiliated with the Nurses Associated Alumnae are requested to send their delegates to the annual convention prepared to discuss the question of reorganization and changes in the by-laws, or the possibility of transacting our business through the American Federation of Nurses, in which we are already associated with the Superintendents' Society.

ANNIE DAMER, President.

SECRETARIES OF ALL AFFILIATED SOCIETIES are requested to send names and addresses of delegates who will represent their associations at the Associated Alumnae meeting in June. If there has been a change in the name or address of secretary which has not been reported, it should be sent in promptly, otherwise important communications may go astray.

193 Frederick Street, Detroit.

SARAH E. SLY, Secretary.

TO THE STATE SOCIETIES.—All reports pertaining to state work will be condensed and incorporated in the inter-state secretary's report for the Minneapolis meeting. Will state secretaries send brief reports of work accomplished since the San Francisco meeting, not later than April 15, to

193 Frederick Street, Detroit.

SARAH E. SLY, Secretary.

RATES TO MINNEAPOLIS

	Erie, Lehigh Valley or D. & L. R. R.	N. Y. Central or Pennsylvania R. R.
New York to Minneapolis, round trip.....	\$50.80	\$53.80
Boston to Minneapolis, round trip.....	56.40	
Philadelphia to Minneapolis, round trip...	50.40	52.30
Washington to Minneapolis, round trip....	48.80	

Pullman rates: to Minneapolis from Boston, \$7.50; from New York, \$7.00; from Philadelphia and Washington, \$6.50.

Louisville and Cincinnati to Minneapolis, \$14.00 one way, 24-hour trip, not summer rates. Pullman tickets, \$2.00; chairs, \$1.00.

Rates from Chicago, each way, \$8.00; Buffalo, first class, \$20.00, second class, \$18.50; Detroit, \$13.50; Cleveland, \$14.74.

The Santa Fe Road has announced a rate of \$73.50 for the round trip from San Francisco to Minneapolis, tickets to be purchased between May 16 and June 4. A round trip rate of \$50.00 from Seattle to Minneapolis on account of the Alaska-Yukon Exposition can be obtained. If the boats on the lakes are running, depending on the advance of the season, railroad tickets are honored on the boats between Buffalo and Chicago or Duluth. Berths are \$6.00 for an inside state-room, \$10.50 for a whole state-room. Outside rooms and berths are a little higher, meals are a la carte.

Special cars will be run to Minneapolis from New York, Louisville, and San Francisco or Seattle, for the benefit of eastern, southern and western nurses, if a sufficient number, twenty-five for each party, indicate their wish to make the trip together. All such should communicate with the following, giving names and addresses: east, Mrs. C. V. Twiss (address given below); south, Annie E. Rece, Norton Infirmary, Louisville, Ky.; west, Linna G. Richardson, Third and Montgomery Streets, Portland, Oregon.

Additional information will be published in the May JOURNAL and delegates are requested to note any changes that may arise. All inquiries should be addressed to the chairman of the Transportation Committee.

419 West 144th Street, New York City.

MRS. C. V. TWISS.

ACCOMMODATIONS

ST. PAUL HEADQUARTERS for Society of Superintendents of Training Schools will be the Hotel Ryan. Rates, European plan, medium sized rooms, without bath, one person, \$1.50 per day; two in room, \$1.00 per day each; with bath and connecting rooms, two in a room and bed, \$1.50 per day each; for one person, \$2.50.

Larger rooms, which will accommodate from four to six persons in a room, without bath, \$1.00 per day each; with bath, \$1.50 per day each. Also rooms from \$2.50 to \$5.00 per day.

Frederic Hotel. Rates, from \$1.00 to \$2.50 per day; with bath, \$2.00 to \$2.50.

Merchants' Hotel. Rates, \$1.00 to \$1.50 per day, without bath; \$1.50 to \$2.50 per day, with bath.

Minneapolis headquarters of Nurses' Associated Alumnae and Federation, West Hotel, Minneapolis, Minn. Rates, European plan, single rooms, \$1.50 per day and upward; with bath, \$2.00 per day and upward.

One room with double bed to accommodate two persons, \$1.00 per day and upward; with private bath in connection, \$1.50 per day and upward.

Plaza Hotel. Single room, with bath, \$3.00 per day. One room with two double beds to accommodate four people, one bath, \$1.50 per day. Meals: breakfast, 75 cents; lunch, 75 cents; dinner, \$1.00. The Plaza Hotel is out of the centre of the city a little, and more quiet.

For further information regarding hotel rates and accommodations write Dr. Marion A. Mead, 1502 3rd Avenue So., Minneapolis, Minn.

ASSOCIATED ALUMNÆ TICKET

THE ticket for officers for the Associated Alumnæ to be presented at Minneapolis is as follows, the names appearing in the order of nominations received:

President: Isabel McIsaac, graduate Illinois Training School, has held the following positions: president International Congress held at Buffalo; president Superintendents' Society; president AMERICAN JOURNAL OF NURSING COMPANY; superintendent Illinois Training School; author of "A New Cranford," "Primary Nursing Technic," "Hygiene for Nurses." Second nomination to be made from the floor.

First vice-president: Geneveive Cooke, a California woman, graduate Woman's Hospital, San Francisco; editor *Nurses' Journal of the Pacific Coast*; secretary California State Nurses' Association. Edith P. Rommel, R.N., a private duty nurse, president Minnesota Board of Nurse Examiners; president Hennepin County Graduate Nurses' Association.

Second vice-president: Mrs. Alex. R. Colvin, graduate Johns Hopkins Hospital; president Minnesota State Nurses' Association; editor *The Courant*. Mrs. M. Moyer, graduate of the Medico-Chirurgical Hospital, Philadelphia; business manager of the *Pennsylvania Quarterly*; active in Pennsylvania state work.

Secretary: Agnes G. Deans, registrar Detroit central directory; acting secretary Associated Alumnæ; treasurer Michigan State Nurses' Association; former assistant superintendent Harper Hospital. Ida Giles, graduate of the Pittsburgh Homœopathic Hospital; former superintendent McKinley Hospital, Trenton; former superintendent Pittsburgh Homœopathic Hospital; ex-president Superintendents' Society; ex-secretary Pennsylvania State Association; ex-president Pittsburgh Homœopathic Alumnæ and of the Allegheny County Society; chairman Legislative Committee Pennsylvania State Association; engaged in teaching massage in Pittsburgh.

Treasurer: Anna Davids, R.N., graduate Long Island College Hospital; superintendent of nurses Charleston General Hospital, Charleston, West Virginia; treasurer Associated Alumnæ; former president New York State Nurses' Association. Mrs. Frederick Tice, graduate Illinois Training School; former president Illinois Training School Alumnæ Association; active in Illinois state work.

Directors: Annie Damer, R.N., graduate Bellevue Hospital; president Associated Alumnæ; president New York Board of Nurse Examiners; president AMERICAN JOURNAL OF NURSING COMPANY; former president New York State Association; former president Bellevue Alumnæ Association. Mrs. C. V. Twiss, R.N., graduate New York Hospital and president of the alumnæ association. Lilla F. Pickhardt, graduate Illinois Training School and president of the alumnæ association; superintendent Augustana Hospital, Chicago; former superintendent City and County Hospital Training School, St. Paul. Katharine DeWitt, R.N., graduate Illinois Training School; former president Illinois Training School Alumnæ Association; ex-secretary Associated Alumnæ; associate editor AMERICAN JOURNAL OF NURSING. Mrs. Hunter Robb, graduate of Bellevue Hospital; former superintendent Illinois Training School; former superintendent Johns Hopkins School for Nurses; former president Associated Alumnæ; president Superintendents' Society; author of "Nursing, Its Principles and Practice," "Nursing Ethics." Dr. Helen Parker Criswell, graduate Children's Hospital, San Francisco; former president California State Nurses' Association.

DISPOSAL OF TUBERCULOSIS CONGRESS FUND

It will be remembered that last fall, upon Dr. Fulton's advice, the committee in charge of the nurses' special session at the tuberculosis congress called for contributions from the various associations and from individuals, as it was for a time the intention to prepare a special exhibit.

The nurses responded generously, contributing, in all, some six hundred and fifty odd dollars, in which we include individual gifts. As the special exhibit was, after all, not arranged, and as the expenses for the congress were so enormous that every aid was needed, these funds were drawn upon, for secretarial and current expenses connected with the nurses' session.

After all was done, quite a nice little sum was left as surplus, and the committee thought it proper to ask the different societies what disposition they desired to have made of the funds. As by now all answers that are coming are probably in, the committee has finally settled up the details, a meeting having been held at Teachers' College on March 8, at which Miss Goodrich, Miss Nutting, Miss Hitchcock, Miss Boyd, Miss McKechnie, Miss Maxwell, and Miss Dock were present.

All the letters were read, and it was found that one contributor asked to have her contribution returned, while others suggested different purposes to which theirs should be applied. Among these purposes were the work of the Red Cross, the Endowment Fund and Current Expense Fund at Teachers' College, the JOURNAL Purchase Fund, and a scholarship for a nurse to prepare for special work in tuberculosis.

As this last object seemed especially appropriate, it was decided to devote to this all such gifts as had been left to the judgment of the committee, and those regarding which no answer at all had come in. The proportional share of each contribution will be deducted to cover the expenses, and the remainder will be given to the different objects specified, each receiving a small sum, and the remainder, which will be about three hundred dollars, will be used to fit a nurse for special work in tuberculosis. A small committee was formed to work out this plan, Miss Goodrich, chairman; and Miss McKechnie, the secretary. They will, as soon as possible, present the plans and requirements decided on to best carry out the work undertaken.

L. L. DOCK.

REPORT OF THE NURSES' COMMITTEE FOR TUBERCULOSIS EXHIBIT

CONTRIBUTIONS received: \$100.00, Mrs. Florence Pullman Lowden; \$50.00 each, Illinois State Association, San Francisco County Association, Elizabeth Cordner; \$25.00 each, California State Association, Maryland State Association, Iowa State Association, Alameda County Association, Graduate Nurses' Association of Cincinnati, Graduate Nurses' Association of Dayton and Vicinity, Eudora Hull Spalding, Anna J. Lea; \$20.00, North Carolina State Association; \$10.00 each, Oregon State Association, New Jersey State Association, Nebraska State Association, Indiana State Association, New Hampshire State Association, Los Angeles County Association, Akron City Hospital Alumnae, Graduate Nurses' Association of Seattle, Graduate Nurses' Association of Columbus, Hope Hospital, Harriet Fulmer, Lystra H. Gretter; \$7.00, Milwaukee County Hospital; \$5.00 each, Graduate Nurses' Association of Cleveland, St. Joseph's Hospital, Paterson, Elizabeth Gilman, L. L. Dock, Louise Powell, Mrs. J. C. Mullen, Sarah H.

Cabaniss, Mr. August Sonneborn; \$3.00, New York State Association; \$2.00 each, Ohio State Association, Blessing Hospital, Quincy, Miss Stubley; \$1.00 each, Nyack Hospital, Mercy Hospital, Mary Carey, J. Kendall, Emma Holmes, Jessie Kendall, Misses Graham, Anderson, Stewart, Karmeknecht, Krier. Total, \$657.00.

M. A. NUTTING,

Chairman of Nurses' Committee, Tuberculosis Congress.

MAINE

Portland.—THE MAINE GENERAL HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION held its annual meeting at the nurses' home in November. The following officers for the year were elected: president, Sara Lyons; vice-president, Annie Morrill; secretary, Mrs. C. H. Chase; assistant secretary, Hattie Hohenfeld; treasurer, Maria M. Irish. The club agreed to devote one evening to woman's suffrage, and Maria M. Irish was appointed to have charge of the evening. She secured as speaker Miss Ann Burgess, who gave a very interesting talk to those who were fortunate enough to be present. As a club, the members are not suffragists, though they are not opposed to it. The registry under the care of the association, Edith Soule, manager, has a membership of seventy-nine. There have been 605 nurses sent out on cases during the past year.

EDITH SOULE, who has been in charge of district nursing, has resigned to accept a position as matron of the Children's Hospital, which has recently been opened at 91 Danfurt Street. S. Maude Sibly succeeded Miss Soule as district nurse, and at the January meeting read a very interesting paper on her work and the methods employed.

MASSACHUSETTS

Boston.—THE MASSACHUSETTS GENERAL HOSPITAL TRAINING SCHOOL report gives the total number of pupils in training as 137. In addition to the superintendent and her three assistants, the school employs regularly twenty graduate head nurses. The school continues its connection with Simmons College, but has, by mutual agreement, discontinued its relations with the McLean Hospital. Miss Dolliver reports that the demand for graduates to fill positions grows steadily and is far greater than can be met.

RHODE ISLAND

Providence.—THE RHODE ISLAND HOSPITAL NURSES' ALUMNÆ ASSOCIATION held a regular meeting at the nurses' home on February 17, at which business was transacted, followed by a social hour.

CONNECTICUT

Hartford.—THE ST. FRANCIS HOSPITAL ALUMNÆ ASSOCIATION, at its semi-annual meeting held at the hospital, received nine new members and discussed the constitution. The class of 1909 entertained the alumnae with a musical and whist.

NEW YORK

STATE EXAMINATION.—At the eleventh nurses' examination, held on February 2, 3, and 4, there were 237 applicants, who replied to the following questions:

Anatomy and Physiology.—1. Give the composition of bone. 2. Give the names of six bones of the body and tell where each is situated. 3. Name the two kinds of muscles and give examples of each. 4. What is the diaphragm and where is it situated? 5. Describe the course of the blood through the heart. 6.

What are the functions of the nerves? 7. In what part of the alimentary canal are fats digested and what ferment acts on them? 8. What functions are performed by the skin? 9. Where and how does the blood obtain oxygen? 10. To what is the acidity of the gastric juice due? 11. Give the specific gravity, reaction and normal quantity of urine excreted in twenty-four hours. 12. Give a brief description of the brain. 13. Describe the structure of a nerve. 14. Define secretion, excretion. 15. Define osmosis.

Medical Nursing.—1. Describe a method of intestinal irrigation. 2. Mention nursing precautions to prevent the spread of meningitis. 3. If you were without medical advice how would you nourish a patient with paralysis of the throat? 4. Describe in detail a method of irrigating the bladder with boric acid solution. 5. What care should be given the plumbing and bath room used in a case of typhoid fever? 6. How may garbage from the room of a scarlet fever patient be hygienically disposed of? 7. Describe, as to location and ventilation, the room that you would prefer for a case of contagious disease. 8. Describe, as to plumbing and furnishing, the room referred to in question 7. 9. State a sanitary method of caring for soiled linen used in the sick room. 10. What unhygienic condition of the sick room may cause headache and restlessness? 11. What is the generally accepted diet in fever cases? 12. Outline the nursing care in a case of severe hemorrhage from the stomach. 13. What method should be used to administer nourishment in a case of hemorrhage from the stomach? 14. Describe lavage. 15. Describe gavage.

Genito-Urinary Nursing (for Male Nurses).—1. Describe different varieties of catheters, (*a*) as regards material, (*b*) as regards shape. 2. Give a detailed description of the application of fomentations to the scrotum for swollen testicles. 3. What accidents may occur from forcibly passing the catheter? 4. Define hydrocele. 5. Give the general symptoms of orchitis. 6. What is the spermatic cord? 7. Define varicocele. 8. Give the after-care of a case of phimosis. 9. Describe irrigation in cystitis. 10. Mention precautions to be used in the care of a case of gonorrhœal urethritis. 11. Describe the preparation of a patient for removal of vesical calculus. 12. Define chancre. 13. What emergency care should be given a case of hemorrhoidal hemorrhage? 14. What is the difference between suppression of urine and retention of urine? 15. What measures may be used by the nurse for relief of suppression of urine?

Nursing of Children.—1. State the proper nursing care of a case of purulent ophthalmia. 2. How should heat be applied to diseased eyes? How should cold be applied? 3. How should the upper lid be everted? the lower lid? What should be the position of the nurse when making applications to diseased eyes? 4. Give method of holding a fractious child for treatment of nose and throat. 5. Describe the proper care of feeding bottles and rubber nipples. 6. How large a nutritive enema should be given to a child about three years old? 7. What complications should be guarded against in nursing a case of scarlet fever? 8. Describe the necessary preparations for giving diphtheria antitoxin. 9. What special points should be observed in nursing a child with diphtheria? 10. Describe the nursing care of a child with pneumonia. 11. Describe briefly the position in which a child can best be fed while the intubation tube is in place. 12. What special care is required in nursing a tracheotomy case? 13. What personal precautions should be observed by the nurse while irrigating the throat of a diphtheria patient? 14. Give (*a*) the best method of taking the temperature

of a child, (b) the best time for taking a child's pulse. 15. What treatment may the nurse give for constipation in a child?

Obstetric Nursing (for Female Nurses).—1. With what parts of the woman's person has the obstetric nurse to do? 2. What is the bony pelvis? Of what does it consist? 3. What special organs does the pelvis contain? 4. Describe the placenta and the means by which the foetus receives oxygen, nourishment, etc. 5. How would you sterilize dressings, sheets, etc., in a private house? 6. How should the bed be prepared in an emergency in a private house where a rubber sheet had been provided? What could be substituted for the rubber sheet? 7. If a bassinet or crib were not at hand in an emergency, what could the nurse use in its place for the newborn? 8. How should soiled dressings, the placenta, etc., be cared for and disposed of in a private house? 9. How should the soiled napkins of an infant be cared for to prevent odor? 10. Of what use is a flannel band on the newborn? How long is it generally kept on? What is substituted for it? 11. What care should the nurse give her own person before going on an obstetric case? 12. Of what use in private nursing are clean newspapers? 13. Is there any difference in the care of private and hospital cases? If so, mention in what particular. 14. Why is the newborn put to the breast soon after birth when milk is not secreted till the third day? 15. What is colostrum and what is its function?

Surgery.—1. Give directions for making normal salt solution in a private house. 2. Define traumatic, hemorrhage, extravasation, crepitus, ankylosis. 3. Give the constitutional symptoms of severe concealed or internal hemorrhage. 4. Tell how to remove a plaster bandage. 5. Describe the Trendelenburg position. 6. Give a method of sterilizing and of preparing rubber gloves that are to be used when dry. 7. What instruments and appliances are required for abdominal aspiration? 8. Describe the preparation of the patient for abdominal aspiration. 9. Describe the care the nurse should give a patient who is under the influence of a general anæsthetic. 10. Name *four* materials used for ligatures. 11. What articles should be ready for the anæsthetist when chloroform is to be given? 12. Describe the fumigation of a room of 1000 cubic feet of air space, preparatory to operating in it. 13. Tell how to prepare the field for an abdominal operation. 14. State the character of *each* of the following wounds: contused, incised, punctured. 15. Name the *five* forms of application of the roller bandage on which the construction of the greater number of the special bandages is based.

Bacteriology.—1. To what are infectious or contagious diseases due? 2. Describe the method of reproduction of bacteria. 3. In what forms may heat be applied to render articles sterile? 4. For what will Lister be remembered? 5. On what science are all measures for the prevention of communicable diseases based? 6. What are bacteria? 7. Name *five* communicable diseases. 8. What is meant by modifying milk? 9. State the chief causes of tuberculosis. Describe isolation and disinfection in contagious diseases under the following heads: 10. The patient. 11. The nurse. 12. The physician. 13. Excreta. 14. Sputum cups, nasal discharges. 15. Dishes used by patient.

Diet Cooking.—1. What is meant by predigested food? 2. What effect on the system has hot water when taken internally? 3. What effect has sterilization on milk? 4. What is condensed milk? State its value as a food. 5. How is lime-water made? 6. What is farinaceous diet? 7. What are the most important food products derived from the vegetable kingdom? 8. State the effect

of coffee on the system. 9. What are concentrated foods? State their chief use. 10. State the food value of green vegetables. 11. What are the diet requirements in anæmia? 12. Mention some factors, apart from proper diet, that specially affect the digestion. 13. Name some diseases that may be caused by the following errors in diet: (a) insufficient food, (b) overeating, (c) lack of fresh food, (d) improperly balanced diet. 14. What are the reasons for limiting the diet of a young child to certain foods? 15. What changes in diet should be made in advanced years? Why?

Materia Medica.—1. Define (a) medicine in its broadest sense, (b) drug. 2. To avoid mistakes what rule should the nurse observe when pouring and giving medicines? 3. What may be done to lessen the unpleasant taste of disagreeable medicines, as in some solutions, oils, etc.? 4. Write in English the meaning of *each* of the following: Div. in p. aeq., alt. noc., n., garg., fiat. 5. What is the generally accepted rule for calculating dosage for children under twelve years of age? 6. If ordered to give tincture of ferric chloride t. i. d., at what time would you give it and how? What is the adult dose? 7. Name the preparations of iron, other than tincture of ferric chloride, that are commonly used in medicine. 8. What is the physiologic action of iron? 9. How would you prepare a saturated solution of boric acid from the crystals? What is the per cent. of the saturated solution? 10. How would you prepare sodium chloride for a sterile solution? 11. If ordered to apply tincture of iodine to the skin how would you make the application? What part of the day would be preferable for it? If smarting were intense how would you relieve the pain? 12. Name *five* different kinds of enemata and state the purpose for which each is used. 13. How would you prepare Oj of carbolic acid solution, strength 5 per cent., from the crystals? 14. Name an antidote for *each* of the following poisons: (a) silver nitrate, (b) strychnine, (c) phosphorus, (d) arsenic. 15. Define suppository.

Practical Examination.—Group I. 1. Give patient a mustard foot-bath, patient sitting in chair. Points: temperature of water, length of time, amount of mustard, adjustment of blankets. 2. Demonstration of application of fomentations to the eyes; of cold compresses to the same. 3. Bandage the arm, taking in hand and elbow. 4. Prepare bed for slush bath with patient in it. 5. Make and apply flax-seed poultice to calf of leg.

Group II. 1. Place arm in position and apply bandage for fracture of clavicle. 2. Demonstration of devices for increasing bodily comfort of patient. Points: arrangement of bed, pillows, bed-cradles, rubber-rings, elevation of limbs, etc. 3. *Oral.* Preparation of patient for labor. 4. Fill and place hot-water bottle for abdominal pain. 5. Strap patient's side (over gauze to prevent adhesions), or *oral*.

Group III. 1. Prepare bed for patient with heart disease and general dropsy. 2. Place patient in proper position for abdominal flushing or rectal irrigation and arrange bed for same. 3. Demonstrate preparation for rubber gloves for using dry. 4. Illustrate what a nurse should do promptly in case of (a) hæmoptysis, (b) gas asphyxiation (omitting medication). 5. Make one quart of carbolic acid solution 1-80 using stock solution of 1-20.

Group IV. 1. *Oral.* Baths: temperature of cold, cool, tepid, warm, hot. 2. Demonstration of application of stupes without patient. 3. Bandage ankle. 4. Make out temperature charts and bedside notes for twenty-four hours in second week of typhoid fever. 5. Make an ether bed.

Group V. 1. Demonstrate method of putting on obstetric binder. 2. *Oral.* State nurse's duty as to care of patient's body after death. 3. Preparation of room for a labor case. *Oral.* 4. Arrange bed to prevent patient from slipping to foot. 5. Make a bed with patient in it, turning mattress and changing sheets.

NEW YORK STATE COMMISSION IN LUNACY

THE TWENTIETH ANNUAL REPORT transmitted to the Legislature on February 19, shows that the number of insane in the state, September 30, 1908, was 14,636 men, 15,820 women, total 30,456. The net increase for the year in all institutions was 1363. The number discharged during the year as recovered was 1622, and as improved 1096. Great efforts are being made in connection with the work of the after-care committees to restore as many insane persons as possible to a self-supporting or partially self-supporting condition. A request is made for increased compensation for nurses and attendants, a discrimination being made in favor of those nurses who have in their care the more difficult and dangerous cases. Hereafter attendants who strike or abuse patients are to be prosecuted by the Commission in Lunacy on a charge of assault.

New York.—A CONFERENCE OF NURSES is to be held in this city under the auspices of the New York State Branch of the American Red Cross, beginning April 13. The first lecture will be given at 4 P.M., in the Astor gallery of the Waldorf, by Major Lynch, of the United States Army, on military nursing service. It is hoped that Mr. Ernest P. Bicknell, National Director of the Red Cross, will return from Italy in time to be present at this meeting and to tell the nurses something of his experience in the earthquake district. Two lectures will be given at the Presbyterian Hospital, probably on succeeding evenings, closing the week with an excursion to Governor's Island, where Captain Siler will give a demonstration of a field camp for the benefit of the nurses. While these lectures are given especially for the enrolled Red Cross nurses, a most cordial invitation is extended to all graduates to be present. Further notice of meetings will be given in the daily press and through nurses' societies.

Any inquiries should be addressed to Jane A. Delano, Secretary Committee on Nursing Service, Red Cross office, 500 Fifth Avenue, New York.

AT THE NURSES' SETTLEMENT, during the past year, a large part of Miss Wald's time and energy has been given, as usual, to civic and national movements related to health and social advance, of which the National Child Labor Committee is the most prominent; and Miss Hitchcock continues to direct the nursing, with Miss Collins and Miss Hillard as assistants. The special extension of work has been in obstetrics. There has been a nurse in the down-town district for some time who devoted herself to this specialty, and within the year two more have been added, one of whom is in the Hudson Guild, and the other, a colored nurse from the Freedman's Hospital, is in residence at the Stillman Branch on the west upper side. A fourth obstetrical nurse is to be added to the house on East 79th Street in April, and there are increasing demands for another in the Bronx district, where, under the direction of Miss Chichester, the work is developing in a most gratifying manner. The Settlement Farm, under the management of Miss Damer, is the home of a steadily increasing number of orphans with a predisposition to tuberculosis, but who are not affected; and it is safe to say that now they never will be, as they are to grow up in the country under the best of conditions. The Settlement has acquired a fifth house on

Henry Street, which has allowed the enlargement of the gymnasium and has given new club-rooms and quarters for men residents, of whom there are now four, one being the secretary of the National Parks and Playgrounds Association. Quite an important and very interesting milk business has been developed by Miss Hillard, the milk being sent daily as a contribution to the house from the Chilton Farms. It is so remarkably pure that, whereas the standard for certified milk is 35,000 bacteria per c.c., and the Boston standard for milk on public sale is 500,000, while ordinary milk sold in New York groceries has anywhere from one to twenty million bacteria per c.c., this milk when tested at the farms is practically pure, having an average count of 900 odd, its lowest figure standing at 640 and its highest at 1800 per c.c. On reaching the Settlement it is bottled, thus acquiring a count of 17,000 per c.c. It is sold to the patients for 8 cents a quart, and the sale amounts to from 75 to 90 quarts per day, the families being responsible for sending for it. Quantities are sold to charitable societies, hospitals, and some is given away. The number of patients cared for during the year was 5769. This number stands for individual persons, and not for recalls from the same patient. Nursing visits made were 54,851; friendly and advisory, 7018. The First Aid Room made 11,465 dressings. The largest number of calls came, as usual, from the people themselves—2436; next came physicians' calls, 2305; then charitable organizations, 1028. The entire nursing staff, in town and country, numbers thirty nurses, of whom twenty-eight are out in districts, two in country places, and four in administration. This does not include Miss Frank, who is in residence but engaged as social secretary by the Loeb Convalescent Home, or Miss Dock, who is also resident. The nurses who are engaged in social service, of whom there are now twenty working in connection with the different hospitals, have formed an association in furtherance of their work.

IN A SERIES OF LECTURES, given on Monday evenings during February and March, in the great hall of Cooper Union, William J. Gies, professor of biological chemistry in Columbia University, has interested large audiences. The biological and chemical qualities of foods; digestion from general standpoints, digestion in the mouth, in the stomach, and in the intestines; the utilization, by the body, of the products of digestion; bacteria and their influence in health and disease; digestion and nutrition, as modified by special influences, and in disease, were the topics treated. These lectures have been illustrated with stereopticon views and Toetrope figures, and accompanied by various digestive and chemical demonstrations.

THE LARGE LECTURE ROOM of the "P. & S.," 437 West Fifty-ninth Street, has been well filled on Mondays and Wednesdays during the past month, when Drs. Simon Flexner, Thomas Darlington, Walter Bensel, Eugene H. Porter, L. Emmett Holt, Hermann M. Biggs, John J. Cronin, William Hallock Park, and Walter Wyman have delivered their instructive and interesting lectures. The lecturers for April are: Drs. Theobald Smith, Luther Halsey Gulick, Richard Clarke Cabot, Frederick Peterson, Mr. Hoffman, Mr. Homer Folks, and two other lecturers, not yet announced. While these lectures are valuable for any thinking person, they are especially so for the nurses living among the conditions dealt with by these gentlemen, each one of whom is a specialist along the lines of his subject, and it is a matter for regret that more nurses do not attend the lectures; they are given at five o'clock, a convenient hour for the private duty nurse.

PUBLIC CLINIC.—The Roosevelt Hospital continues its practice of holding operations on Saturday afternoon at half after three, and giving the public the privilege of attending, at an hour easily arranged for by the private duty nurse. These would serve as a valuable object lesson in technic and operating-room procedure generally.

THE NEW YORK POLYCLINIC HOSPITAL Ladies' Auxiliary took the responsibility of the sale of seats at the Madison Square Garden Theatre for one night, recently, and netted thereby sixteen hundred dollars. The hospital has had a gift of \$100,000 during the month. The name of the donor is withheld for the present.

THE HAHNEMANN HOSPITAL TRUSTEES recently issued to the alumnae association of the training school a certificate of endowment, and at the same time instructed the superintendent of the hospital to have a tablet, announcing the endowment and date thereof, placed in the hall of the hospital. The trustees gave the members of the alumnae the privilege of selecting the room to be endowed; the one decided upon is a large cheerful room with a fire-place and having windows which overlook the green of Normal College and its ivy-clad walls. Miss Swords, a friend of the alumnae association, will furnish the room. Everything is to be the very best of the sort obtainable. Great credit is due the members of the alumnae, who have in a short time raised the \$5000 for the endowment.

THE PRESBYTERIAN HOSPITAL has secured a site for its new buildings on land bounded by 67th and 68th Streets, the East River and Avenue A. It is proposed to begin building in May, 1910, and eventually to transfer the whole hospital to the new site, selling the old buildings.

THE MILLS MAGAZINE is a monthly issued by the Mills Training School, which is the department of Bellevue devoted to the training of male nurses. The magazine gives notes of the school and of the graduates, and short articles.

THE NEW NURSES' RESIDENCE in connection with Bellevue Hospital being completed, the school will be enlarged, and a number of postgraduate courses added, among them experience in medical nursing and the nursing of infants and children.

Brooklyn.—**THE BROOKLYN HOSPITAL TRAINING SCHOOL ALUMNÆ** held an adjourned meeting on March 2, and elected the following officers: president, Mrs. E. Ward, R.N.; vice-presidents, Lena Coleman, R.N., Florence Alexander, R.N.; recording secretary, Mrs. Alice de Zouche, R.N.; corresponding secretary, Elizabeth Kerr, R.N.; treasurer, Mary Exton Holt, R.N. (the three last re-elected); director, Mrs. Edmond Kelly, R.N.

THE METHODIST EPISCOPAL HOSPITAL ALUMNÆ ASSOCIATION, at its October meeting, had an interesting talk on the Red Cross by Mrs. Stevenson, graduate of the New York City Training School, in which was shown the desirability of affiliating with that association, either as an association or individually. At the December meeting, Miss Copeland, a graduate of the school, spoke on the Emmanuel Movement. Miss Copeland has taken the course of lectures under Dr. Worcester, in Boston. Miss Dock was announced to speak on the woman's franchise, but through a misunderstanding about dates did not appear. It is hoped she may be heard later.

THE BROOKLYN HOMŒOPATHIC HOSPITAL ALUMNÆ ASSOCIATION held a social meeting on February 19 at the home of Mrs. William Carson, which was greatly enjoyed. On March 5, a business meeting was held with eight members present.

THE LIST OF THE KINGS COUNTY ALUMNÆ OFFICERS which appeared in the January JOURNAL, should have included the address of the secretary, Mary O'Donnell, Kings County Hospital, Brooklyn.

THE METHODIST EPISCOPAL HOSPITAL ALUMNÆ have established a registry, to be known as the Seney Registry, with Mrs. Alberta Ross Hinrichsen, R.N., as registrar. It is proving a great help and convenience to nurses, doctors, and the public.

Staten Island.—THE S. R. SMITH INFIRMARY has issued its forty-fourth annual report, an unusual and valuable feature of which is a condensed history of the hospital, arranged chronologically, in brief paragraphs.

Yonkers.—ANNIE M. MOORE, R.N., class of 1900, St. Luke's Hospital Training School, New York City, has resigned her position as superintendent of St. John's Riverside Hospital, to take a much needed rest. Miss Moore was appointed directress of nurses and assistant superintendent of the hospital shortly after graduating, and in 1906 accepted the position of superintendent, and has been most successful in her work. Ida E. Davies, R.N., class of 1904, St. John's Riverside Hospital, has resigned the position of assistant superintendent.

Saratoga Spa.—THE SARATOGA HOSPITAL ALUMNÆ ASSOCIATION held a meeting at the hospital on February 25. The constitution and by-laws were so amended as to make the meetings monthly, instead of bi-monthly. They will now fall on the last Thursday of the month. Dr. G. Scott Towne addressed the members on "The Early History of Medicine." Resolutions were adopted endorsing the bill before the Legislature which provides for a public reservation of the Saratoga Springs. A social hour closed the meeting.

Schenectady.—THE SCHENECTADY REGISTERED NURSES' CLUB has the following officers, elected last October: president, Sarah B. Palmer, R.N.; vice-president, Anna M. McGee, R.N.; secretary, Harriet Odell Rathbun, R.N.; treasurer, Emma C. Gilmour, R.N. An interesting paper on "The Training of the Nurse," by Miss Jackson, superintendent of Ellis Hospital, has been given, and Miss Carpenter, the dietitian, has been the guest of the club. On March 6, a paper on "The Aim of Our Club," by Sarah B. Palmer, R.N., was read, and a social hour was enjoyed.

Syracuse.—THE HOSPITAL OF THE GOOD SHEPHERD, in its annual report, shows the good work it is doing in extending its advantages to affiliated schools. Pupils were received during the year from the Thanksgiving Hospital, Coopers-town, for pædiatrics, 3; from Little Falls Hospital, Little Falls, for pædiatrics, 3; from the Willard State Hospital, Willard, for obstetrics, 16; from the Geneva City Hospital, Geneva, for obstetrics and pædiatrics, 2. At a meeting of the Board of Trustees in February, 1908, it was voted to change from a non-payment to a payment system. The result has been of benefit in many ways. Pupil nurses now show a personal interest in their uniforms and other supplies; are more careful of hospital supplies and property than they were under the non-payment system. The increased number of applicants may, in a measure, be due to this change.

Buffalo.—FRANCES BLACK, R.N., who has for some years been superintendent of the Buffalo Homœopathic Hospital, resigned her position on March 1, to take a needed rest.

NEW JERSEY

Newark.—THE NEW JERSEY STATE NURSES' EXECUTIVE BOARD held its regular quarterly meeting in the Public Library on March 2. Routine business was transacted and arrangements made for holding the annual meeting on Tuesday, May 4, in Newark, time and place to be announced later. This will be the first meeting since the alteration in the constitution, instituting two regular meetings in the year—the annual meeting, the first Tuesday in May; the semi-annual, the first Tuesday in December.

HELEN STEPHEN, Secretary.

Orange.—THE NURSES' SETTLEMENT has graduated its second class of nurses, the address on the occasion being given by Miss Wald on "Settlement Ideals." One of the graduates, Janet Highet, has accepted a position in the Shepard Pavilion of Memorial Hospital; she is a graduate of the New York City Hospital. The other, Mrs. Helen Lee, is a graduate of the Rhode Island Hospital, and has taken graduate work in New York at the Nursery and Children's Hospital, and at the Woman's Infirmary and Maternity Hospital. Mrs. Lee has accepted an appointment at the Nurses' Settlement, where she will develop a new branch of work, that of the special care of infants. Her duties will be to give general instructions in the care of an infant, and special instructions in artificial feeding and the preparation of modified milk. This will be done only under the directions of a physician, and the service will be for all classes, for those able to pay full prices and for those able to pay only a small price, and also for charity cases. The settlement has extended its order department and is now prepared to fill orders for surgical supplies, invalid food, etc.

PENNSYLVANIA

STATE MEETING.—The semi-annual meeting of the Graduate Nurses' Association of the State of Pennsylvania will be held at the Park Hotel, Fourth and Campbell Streets, Williamsport, April 21, 22, and 23, 1909. The opening exercises will be held at 2 P.M., Wednesday. Rooms for visitors may be reserved at the Park Hotel, \$2.00 per day, American plan; Updegraff Hotel, Fourth and Pine Streets, \$2.50, \$3.00, and \$4.00 per day, American plan. Members are urgently requested to attend these meetings.

ANNE C. NEDWILL, Secretary.

Philadelphia.—THE PENNSYLVANIA HOSPITAL TRAINING SCHOOL FOR NURSES held its graduating exercises on March 23 in the clinical amphitheatre, at 8 P.M. Dr. Francis T. Stewart delivered the address. The members of the class were: Carrie E. Wilson, Maud A. Porter, Mary E. O. Barrow, Alice H. Ralston, Sara L. Thomas, Miriam F. Ballard, Dorothy Hines, Elizabeth S. Chisholm, Florence M. Jaggard, Emily Robinson, Anita Pettit, Anna Bradshaw, Elizabeth L. Kreutziger, Lizzie V. Fuller.

DISTRICT OF COLUMBIA

Washington.—THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold examination of applicants May 3 and 4, 1909. All applications must be in before April 15. Apply to the secretary.

320 East Capitol Street.

KATHERINE DOUGLASS, Secretary.

THE WASHINGTON HOME FOR FOUNDLINGS has started a training school for infants' nurses, with an eight months' course. The first class will graduate on April 30. Miss Hazlin is head nurse, assisted by Mrs. Kilkeny (Hattie Smoots). Both are graduates of the New York State Training School for Nurses, Brooklyn.

MARYLAND

Baltimore.—THE SUPERINTENDENTS OF THE SCHOOLS FOR NURSING have organized, since Christmas, an association, the object being to establish a uniform curriculum for all the schools of the state of Maryland: A course of lectures for the first, second, and third year has already been made out, and the length of time each school can give to each subject is now being considered. It is hoped by fall to have a system worked out that all the schools will adopt. After the question of the curriculum has been settled, the plan is, by meetings, discussions, and demonstrations, to simplify many of the nursing methods now in use that seem complicated. All the schools for nurses in the registered class have a three years' course, and the larger schools are willing to open their doors to round out the training of the smaller ones. This is the direct result of state registration in Maryland.

Salisbury.—HELEN V. WISE, R.N., who has been superintendent of the Peninsula General Hospital since 1904, has presented her resignation to take effect June 1.

SOUTH CAROLINA

Charleston.—DURING THE MEETINGS OF THE TRI-STATE MEDICAL ASSOCIATION in February, at which the Doctors Mayo and other distinguished physicians were guests, a reception was given at Roper Hospital, where several of the nurses, in fresh caps and uniforms, assisted at the tea tables which were presided over by Mrs. Kolloet, and Miss Jones, superintendent of the hospital. Belle Baykin has succeeded Anna E. Kunze as supervising nurse at the Roper Hospital. Miss Kunze has accepted a position in St. Mark's Hospital, Salt Lake City, Utah.

TENNESSEE

Nashville.—THE TENNESSEE STATE NURSES' ASSOCIATION was organized on January 27; the officers elected were: president, Lena A. Warner, Memphis; vice-presidents, Mrs. Sanford Duncan and M. Barnes, Nashville; secretary, Mrs. D. T. Gould, Nashville; treasurer, M. Paulus, Knoxville. These officers were elected from the different societies throughout the state, which are known as the Graduate Nurses' Association of West Tennessee, the Graduate Nurses' Association of Middle Tennessee, and the Graduate Nurses' Association of East Tennessee. The state is divided into three sections. On February 1 a second effort was made to pass the bill, but there were so many amendments the nurses had the bill tabled, and have a few weeks left to make another effort, though the chances are not hopeful.

OHIO

Cincinnati.—THE SECOND MEETING of the Graduate Nurses' Association of the Good Samaritan Hospital, Cincinnati, was held at that institution February 22. Following a short business session, a social meeting was held and greatly enjoyed by the members present. A dainty luncheon, at which the decorations, favors, etc., were symbolic of the day, was arranged by the Sisters and served by the undergraduates.

Dayton.—THE GRADUATE NURSES' ASSOCIATION OF DAYTON AND VICINITY held its February meeting at the nurses' home of the Miami Valley Hospital. Twenty-six were present to help celebrate the fifth anniversary of the association. The president, Ella Phillips Crandall, gave a talk on "Our Profession." Some of the things the association has accomplished since its organization are: (1) The

formation of a nurses' directory; (2) support and financial aid to the Fruit and Flower Mission; (3) alliance with and contributions to the state association; (4) contribution to the State Educational Fund, \$25.00; (5) contribution to Hospital Economics Endowment, \$25.00; (6) contribution to the antituberculosis movement, \$25.00. A social hour followed adjournment. It is with sincerest regret that the association reports Miss Crandall's resignation, March 1, as superintendent of the Miami Valley Hospital, and as president of the association. Miss Bishop, of Cincinnati, fills the place vacated in the hospital, and Mary Kemp succeeds Miss Crandall as president of the association. Miss Crandall is a woman of fine character, always the moving spirit in all projects; she will be sadly missed. She will associate herself with Miss Lillian Wald in settlement work in New York City. Lillian Clayton, associated with Miss Crandall as her assistant during the seven years spent at the Miami Valley Hospital, has also resigned, and will take a course in Hospital Economics at Columbia University next fall. Miss Clayton, class of 1896, and Miss Crandall, class of 1897, are both graduates of the Philadelphia Hospital Training School for Nurses, Philadelphia.

MINNESOTA

Minneapolis.—THE CITY HOSPITAL graduated one of its largest classes, thirteen in number, on March 9. The graduates were entertained informally by the alumnae on March 5.

THE STATE UNIVERSITY HOSPITAL opened March 5, in temporary quarters at 303 Washington Avenue, S. E. The training school for nurses provides a preliminary four months' course of instruction for nurses in the laboratory and lecture rooms of the University, to be followed by a service of two years and eight months in the hospital wards. Opportunities for this dispensary attendance and out-of-door visiting nursing will be given to senior nurses. Hilma Svenson is in charge, assisted by Josephine Crosley, Lillian Bausman and Mrs. Wickins.

THE REGULAR MEETING OF THE HENNEPIN COUNTY GRADUATE NURSES' ASSOCIATION of March was made a social gathering. A profitable as well as a pleasant afternoon was spent. Sharp & Dohme, of Baltimore, presented each nurse with a box of valuable samples.

THE NORTHWESTERN HOSPITAL ALUMNÆ ASSOCIATION held an unusually well attended and interesting meeting on March 2, at the home of Edith Gatzman, R.N. Bertha Merrill, R.N., was elected delegate to the Associated Alumnae convention.

MRS. BERTHA W. RODERICK, R.N., who has been connected with the Women's Work exchange of the Union Mission, has been selected to be visiting housekeeper for the committee of friendly visitors of the Associated Charities and for Pillsbury House. Mrs. Charlotte Roberts, R.N., a St. Barnabas graduate, has accepted the position of night supervisor at the City Hospital.

MICHIGAN

Grand Rapids.—ELIZABETH G. FLAWS, superintendent of Butterworth Hospital, and Mary Agnes Smith, of the Babies' Hospital, New York, sailed for Europe March 23, for a three months' trip.

ILLINOIS

THE ILLINOIS STATE BOARD OF EXAMINERS of registered nurses will hold, on May 14 and 15, an examination for nurses who apply for registration under

the second part of Section 6 of the law. "Nurses who at the time of application shall have been engaged in the actual practice of nursing for three (3) years, provided they pass an examination in practical nursing and provided they make application prior to July 1, 1910." Applications must be received by the secretary on or before April 30, 1909.

79 Dearborn St., Chicago.

B. M. HENDERSON, Secretary.

Chicago.—THERESA LEGRIS, class of 1908, Mercy Hospital, has taken the position of superintendent of nurses at St. Anthony's Hospital, Rock Island. Irene Kelly, class of 1904, has resigned her position at the Palmer Memorial Mercy Hospital, Janesville, Wisconsin, to take a needed rest.

THE SOUTH CHICAGO HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION was organized on October 10, with the following officers: president, Angeline P. Smith; vice-president, Emma Balls; recording secretary, Mrs. Margaretha Aurelius; corresponding secretary, Ethel J. Barres; treasurer, Anna Duver; directors, Emelyn Palmer, Mrs. Bertha Bury, Mrs. Margaret Williams; honorary president, Sylva Bell. Monthly meetings are held on the second Wednesday evening of the month at the homes of the members, until the completion of the new hospital, when the reception rooms will be used. The association is trying to raise sufficient money to furnish a private room in the new hospital, and for this purpose will hold social meetings to which admission will be charged, the first being a card party and dance on February 2.

THE COLUMBUS HOSPITAL graduates have formed an alumnae association with the following officers: president, Laura Doherty; vice-president, Sadie Ryan; secretary, Marion Montgomery; treasurer, Josephine Butler. On January 29, an entertainment and dance was given at the Marquette Club. At the fourth anniversary of Columbus Hospital, February 26, the alumnae presented a glass instrument case for the new operating room to the hospital. Clara Cunningham, class of 1908, has been appointed superintendent of nurses, a choice which gives satisfaction to those connected with the institution.

COLORADO

Pueblo.—LINA L. ROGERS, R.N., who came to Pueblo to organize school nursing, is in love with the glorious climate, the open-handed hospitality, and broad generous swing of life in the west. The work is progressing most satisfactorily and the co-operation she has met with is thorough and effective. She reports a large percentage of defective vision, enlarged tonsils, and some granulated lids, but no skin diseases of any kind and no pediculosis. It must indeed be a paradise. It is probable that Miss Rogers will be assigned to test hearing with instruments of precision for this purpose. The plan is to have one physician in charge of each school. Her report of work for last January is: children examined, 3469; visits to homes, 91. The people are delighted with the installation of a nurse in the schools.

TEXAS

STATE MEETING.—The Graduate Nurses' Association of Texas will hold its next annual meeting at Temple, Texas, on Wednesday and Thursday, April 28 and 29.

By order of the president.

MILDRED M. McKNIGHT, Secretary-Treasurer.

WASHINGTON

THE BILL for registration of nurses became a law, on March 3, when it was signed by Governor Hay. It reads as follows:

AN ACT, relating to nurses, the registration thereof and providing penalties for violation.

Be it enacted by the Legislature of the state of Washington:

SECTION 1. That from and after the expiration of the ninety days immediately following the passage of this Act no person shall, in the state of Washington, in any manner whatsoever, represent herself to be a registered nurse, or allow herself to be so represented, unless she has been and is registered by the nurses' examining board in accordance with the provisions of this Act.

SEC. 2. That within thirty days after the taking effect of this Act, the Governor of the state of Washington shall appoint a nurses' examining board, to be composed of five graduate nurses, all of whom are eligible for registration, according to the provisions of this Act, and who have had at least three years' experience in the profession, after graduation. All appointments shall be so made that the term of one member shall expire on the thirtieth day of June of each year, and upon the expiration of the term of office of any examiner the Governor shall appoint a registered nurse to fill the vacancy. No member of said board shall enter upon the discharge of her duties until she has taken oath to faithfully and impartially perform the same; and the Governor will remove any member of said board for neglect of duty, or for any other just cause.

SEC. 3. That the nurses' examining board shall meet in the state of Washington within ninety days after their appointment and organize the board, and annually thereafter shall elect from its members a president, and a secretary-treasurer. It shall adopt such by-laws as it shall deem necessary for carrying into effect the provisions of this Act, and may amend the same from time to time at discretion of said board. The secretary shall be required to keep a record of all meetings of the board, and also a register of the names of all nurses duly registered under this Act, which register should be open to the public at all reasonable times, and to furnish a certificate of registration to all such nurses, said certificate to be renewed at end of five years upon payment of one dollar to the examining board, at least three months' notice having been given, by registered letter, of expiration of said certificate. The said board shall hold examinations at least once a year, and the notice of such examination shall be given in one daily newspaper published in three first class cities of the state of Washington, and in a nursing journal published on the Pacific Coast at least thirty days prior to said examination.

SEC. 4.—That every nurse desiring to style herself "a registered nurse" in the state of Washington shall make application to the nurses' examining board for examination for registration; such examination to consist of questions in surgical nursing, contagions, materia medica, dietetics, medical nursing, obstetrics, gynæcology, anatomy, physiology and hygiene, and at the time of making such application applicant shall pay to the Treasurer of said board five dollars, no portion of said fee to be returned. Said applicant must furnish satisfactory evidence that she is over twenty years of age, of good moral character, and free from habits liable to interfere with her services as a nurse, and further, that she holds a diploma from a training school for nurses of a reputable hospital: Provided, That training school shall give not less than two years' training in a general hospital, or instruction of same kind, and, to at least the

same extent, as that given in the general hospital, all of which shall be determined by the nurses' examining board.

SEC. 5. That any person possessing the qualifications required in section four of this Act who is engaged in nursing in the state of Washington at the time of the passage of this Act or shall graduate from a reputable training school of a general hospital within three years of passage of this Act, shall be entitled to registration without examination upon payment of registration fee.

SEC. 6. That the registration of any person as a nurse in the state of Washington may be revoked and the certificate of such person cancelled if it should be found to have been obtained by fraud, or if she be found guilty by the nurses' examining board of any act derogatory to the standing and morals of the profession of nursing. But before any certificate shall be revoked the holder thereof shall be entitled to thirty days' notice of the charges against her, and after a full and fair hearing the certificate can be revoked by a majority vote of the whole board.

SEC. 7. That all expenses incident to the execution of the provisions of this Act shall be paid from the fees collected from applicants for registration as nurses, and if any balance remains on hand on the thirtieth day of June of any year the Secretary-Treasurer of the nurses' examining board shall receive of such balance not less than fifty dollars—the full amount to be determined by the board—and each other member of said board shall receive five dollars and expenses for each day actually spent in the discharge of official duties. All money shall be paid to the Secretary-Treasurer of the board and shall be paid out under the orders of the board.

SEC. 8. That any person who shall violate any of the provisions of this Act shall be guilty of a misdemeanor.

SEC. 9. That the nurses' examining board shall have power to register, in like manner, without examination, any person who has been registered as a graduate nurse in another state or territory under laws which in the opinion of said board maintain a standard substantially equivalent to that provided for by this Act.

SEC. 10. That nothing in this Act shall be construed to prevent any person from nursing any other person in the state of Washington either gratuitously or for hire, provided that such person so nursing shall not represent herself as being a registered nurse. Nothing in this Act shall be construed as authorizing any person to practice medicine or surgery or midwifery in said state.

SEC. 11. That the word "she" and the derivatives thereof wherever they occur in this Act, shall be construed so as to include the word "he" and derivatives.

Seattle.—THE SEATTLE GENERAL HOSPITAL, after years of effort under very discouraging conditions, has at last been able to make provision for a building for a nurses' home, with such comforts and conveniences as are usual. There will be some rooms to rent to graduate nurses or to those visiting the city.

CALIFORNIA

San Francisco.—THE CITY AND COUNTY HOSPITAL, which is being rebuilt on its old site, is to be known as the San Francisco Hospital. The beautiful new buildings are of fire-proof construction; the hospital will accommodate over five hundred beds, and the nurses' home will hold one hundred and twenty nurses.

CANADA

MARY A. WALSH, R.N., class of 1896, Columbia and Children's Hospital, Washington, D. C., is holding the position of superintendent of nurses at the new training school of the Hotel Dieu of St. Joseph, Windsor, Ontario.

BIRTHS

ON March 10, to Mr. and Mrs. John Wineberg, a son. Mrs. Wineberg is a graduate of Mercy Hospital, Chicago.

AT Fort Wayne, Indiana, a daughter to Dr. and Mrs. J. M. Pulliam. Mrs. Pulliam was Mary Lee, class of 1901, Indianapolis City Hospital.

ON January 27, at Brooklyn, N. Y., to Dr. and Mrs. C. S. Stone, a son. Mrs. Stone was Miss Bailey, class of 1907, Methodist Episcopal Hospital, Brooklyn.

AT Philadelphia, Pa., to Mr. and Mrs. Harry L. Trucksess, a son. Mrs. Trucksess was Alice E. Swab, class of 1906, Methodist Episcopal Hospital, Philadelphia.

MARRIAGES

ON January 20, Elizabeth Benesh, a graduate of Mercy Hospital, Chicago, to F. A. Kratzer. Mr. and Mrs. Kratzer will live in Memphis, Tennessee.

ON February 17, at Amesbury, Mass., Mary Alice Morrill, class of 1904, Massachusetts State Hospital, to Orion Vassar Wells, M.D., of Westford.

ON February 18, in St. Andrew's Church, Rochester, N. Y., M. Maude Wilson, R.N., class of 1899, Rochester Homœopathic Hospital, to John H. Barks, of Caledonia, N. Y.

ON February 25, at Portland, Oregon, Josephine M. Gerin, class of 1903, Indianapolis City Hospital, to Daniel Wayne Cameron. Mr. and Mrs. Cameron will live at The Morton, Portland, Oregon.

DEATHS

ON February 28, at the Massachusetts General Hospital, Mrs. George A. Childs, of Haverhill, Mass. Mrs. Childs was Ella M. Blye, class of 1898, Massachusetts General Hospital.

A NOTICE has been received of the death of Alice Gill, graduate of the Woman's and Children's Hospital; the location of this hospital is not given. Her fellow alumnæ express their sorrow at her death.

ON March 8, at Kansas City, Missouri, Marie Perrin Condit, wife of Ira Harrison Condit, a graduate of the Orange Training School for Nurses. Funeral services were held in Grace Church, Orange, on March 12. Large numbers of her friends and classmates attended to pay a last tribute of affection to the high regard in which she was held by all who knew her.

IN January, 1908, at the Pennsylvania Oral School, Scranton, Pennsylvania, of tubercular meningitis, Elsie Bowden, a graduate of the Melbourne Hospital, Australia. The news of Miss Bowden's death has only now reached the JOURNAL. She was a most interesting writer, having had many unusual experiences. In October, 1908, we published a paper Miss Bowden had written for the JOURNAL before her death, on contagious work, called "Unfrequented Paths"; she had promised further articles, which we hoped to receive. She had done nursing in

the Figi Islands and in Los Angeles, before taking up contagious work in New York City.

ON February 23, at the German Hospital, New York City, of mastoiditis complicated by meningitis, Gustava Sillcox, a graduate of the German Hospital, president of its *alumnæ* association, and a member of the class in hospital economics at Teachers' College. Her classmates have written to her *alumnæ* association expressing their sympathy, their own sense of loss, and their feeling that the whole nursing profession has lost a woman of high ideals with a warm interest in the education of nurses. They will, as a memorial to Miss Sillcox, make a beginning of a library for the use of nurses who will be doing the work in which she was so much interested.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

THE PREVENTION OF BLINDNESS.

The special committee appointed last year by the New York Association for the Blind, of which the object is "to ascertain the direct causes of preventable blindness and to take such measures in co-operation with the medical profession as may lead to the elimination of such diseases," has started the publication of a series of booklets or pamphlets in the hope of disseminating preventive knowledge.

Nos. 1 and 2 are ready for distribution and may be had of Mr. George A. Hubbell, 289 Fourth Avenue, New York City.

No. 1 states the object of the committee, gives some startling statistics of the number of blind persons, and particularly the needlessly blind in the United States, and indicates very briefly where the responsibility for the continuance of preventable blindness must lie. Doctors have, it seems, done their part, and for years past the subject has been copiously written on, and the following extract summarizes the present situation of affairs and points the way onward:

"For years there has been a movement in the medical profession for the prevention of infantile ophthalmia. This movement has been fully approved by the American Medical Association, the New York State and County Medical Societies, the New York Academy of Medicine, and by the state and city Departments of Health, as well as by leaders of the profession throughout the state and nation. Scores of addresses have been made before medical organizations on this subject. One committee after another has collected statistics. Medical literature on the subject is not wanting, and medical interest in the prevention of this form of blindness is not by any means lacking. But the knowledge which physicians have on the subject is practically unknown to the public. It is considered of great importance to extend this knowledge to the general lay public in order that parents everywhere may insist on the use of a suitable prophylactic in the eyes of the new-born, and in order that the careless members of the medical profession and midwives, ill-trained or not trained at all, may be brought to a sense of their duty." And again: "The responsibility for preventable blindness must be laid to the charge

of those who are able, or ought to be able, to prevent it, but a knowledge on the part of the public of the dangers which may threaten the eyes, the way that these may be avoided, and the necessity of early and proper care, will safe-guard many eyes that would otherwise be lost."

"The end to be accomplished is the prevention of blindness, but the steps by which this end is to be reached are neither few nor simple. Blindness must be prevented by narrowing its domain on every side. The committee appointed to have this work in charge purpose full co-operation with the medical profession and with the state and county boards of health; and they invite the hearty co-operation of all persons interested in the subject, and of all organizations working for social betterment."

Book No. 2 has for its title, "Children Who Need not Have Been Blind." It deals only with the subject of ophthalmia neonatorum, so that the appalling fact chronicled in its opening sentence, that "one-quarter of all the blind children in all the blind schools of this country are unnecessarily blind," might have been rendered even more tragical if to this percentage had been added those blinded by accident.

A feature of No. 2 is its pathetic pictures, to me far more touching than the picture of the great Spanish artist, Joaquin Sorolla y Bastida, "*Triste Herencia*" (A Sad Inheritance), which was one of the features of this great man's collection shown lately at the Spanish Society in New York. More touching because so much nearer home—these children may be of the family of my next door neighbor.

The New York Association for the Blind has many notable names on its executive committee, among others Mr. Richard Watson Gilder, Miss Helen Keller, Dr. F. Park Lewis, Dr. J. S. Billings, Dr. Nicholas Murray Butler, Mr. Samuel Langhorne Clemens, Miss Winnifred Holt, Miss Louisa Schuyler, Miss Lilian Wald, and many others.

A SHORT MANUAL FOR MONTHLY NURSES. By Charles J. Cullingworth, M.D., F.R.C.P., Consulting Obstetric Physician to St. Thomas's Hospital, London. Sixth Edition, price 60 cents. J. A. Churchill, 7 Great Marlborough St., London. P. Blakiston's Son & Co., Philadelphia.

Perhaps no man in the medical profession in England after Lord Lister and Sir Lawson Tait, is so well known in America as Dr. Cullingworth. His little manual which has reached its sixth edition is not designed as a text-book, but rather as a reference book, for that comfortable but non-professional class of women who are known as "monthly nurses," and who occupy a position quite distinct from trained graduate

nurses, on the one hand, and the certificated midwife, on the other. The language is reduced to the simplest terms and the equivalents of the weights and measures are given in household utensils, and every precaution is taken to present the principles and practice of nursing in the simplest manner possible. To its own class the little book has undoubtedly an important mission, but it is extremely unlikely that it will ever gain any great foothold in this country where the class to whom it is addressed is fast passing away before the army of graduate nurses who are yearly launched upon the public from the nurse training schools over the country. The district and settlement nurse is invariably a graduate and the comfortable old-time monthly nurse is only a memory for most of us.

NURSING: GENERAL, MEDICAL, AND SURGICAL. By Wilfred J. Hadley, M.D., F.R.C.P., F.R.C.S., Physician, Pathologist and Lecturer on Medicine to the London Hospital; Late Lecturer to the Nurses of the London Hospital Nursing School; Physician to the Chest Hospital, Victoria Park. Price \$1.50 net. P. Blakiston's Son & Co., Philadelphia. J. A. Churchill, 7 Great Marlborough St., London.

Appearing in its second edition with an appendix of sick-room cookery, a dictionary of medical terms and new and copious illustrations, this book is an excellent example of a class now fast being superseded by teaching along special lines. Belonging as it does to the older school of nursing hand-books it loses in value as it widens in its subject. Had the author specialized, say on the diseases of the respiratory tract, leaving out obstetrics and surgical nursing, these branches being but sketchily treated, the book would have gained in value what it may have lost in bulk. The chapters on general medical nursing and the nursing of fevers are much the best in the book, but even these suffer a good deal in that their conditions are localized and will not bear transplanting to another hemisphere, where climate, nationality, and race are known only by hearsay to the writer.

The chapter on diseases of the respiratory system—with secondary headings, dyspnoea, cough, expectorations, hæmoptysis, catarrh, laryngitis, bronchitis, asthma, emphysema, pneumonia, pleurisy, empyema, phthisis—with particular descriptions of the symptoms—cough, expectoration, pain, etc.—is written most happily for the enlightenment of those who lack knowledge on these lines, and one gets the impression that this is the special field of the writer.

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EDITORIAL COMMENT



THE SUFFRAGE

SOME months ago we had sent us by a nurse what we considered to be a very fine paper on Suffrage for Women. We consented to publish it, stating that we would, at the same time, find some one to give an argument on the other side. Our contributor immediately withdrew her paper, not wishing it to appear in our pages on those conditions.

The Outlook, which is one of the magazines whose policy has always been against suffrage for women, published in its issue for April 3 an argument in its favor by Mrs. Julia Ward Howe, and one in opposition by Dr. Lyman Abbott, two venerable writers who have devoted their lives to educational and philanthropic work.

By permission of the editors of *The Outlook*, and of Mrs. Howe, we are reprinting these two papers in this number of our JOURNAL, commending them to our nursing organizations and to individual readers for their thoughtful and careful study. The JOURNAL's attitude on this question remains neutral. We do not believe that a subject of this nature should be made an issue in our nursing organizations, or that our pages should be used for propaganda on either side of the question, but we do believe that it is one of the vital questions of the age in which we live, and upon which every woman should be informed and should have an opinion.

As Mrs. Howe's article appeared in *The Outlook*, one paragraph was omitted, which at her request is inserted in our pages.

THE CONSUMER'S LEAGUE

THE report of the Consumer's League of New York, published in March and obtainable at the office of the League, 105 E. Twenty-second Street, is full of material and information,—much indeed of a grievous nature, but with some gleams of hopefulness. The report of the presi-

dent brings the direct connection of overwork and underpay with prostitution into a white light, without waste of words. It gives the stories of girls who had been employed at \$3 and \$5 a week in stores, and these facts are reinforced by the report of Miss M. E. Miner, the probation officer, who has recently opened a home for the protection of her charges. Her simply-told facts are heartrending; the young, untrained, helpless women and girls, some of whom are little more than children, are in no way able to protect themselves. Miss Miner says: "Where does the responsibility rest for this wreckage of human life? Organized financial interests are to blame. It is profitable to procurers and cadets that girls shall be held and bartered as slaves; it is profitable to keepers of dance halls that young girls may be attracted and ruined; . . . it is profitable to owners of factories and stores to give as low wages as possible and disregard the moral welfare of their employés."

The hopeful signs are that the child labor laws are better framed and executed, and that an interest in the welfare of working girls is steadily extending, as was shown by the International Congress of Consumers' Leagues held in Geneva last summer. At this congress resolutions were passed condemning overtime work at night.

The League needs more money for trained investigators and for the publication of bulletins and leaflets. Nurses who have opportunities for interesting their wealthy patients in humanitarian work could not do a better service than by bringing the efforts of the National and local Consumers' Leagues before them.

PROGRESS OF STATE REGISTRATION

MASSACHUSETTS.—After the withdrawal of the nurses' bill for state registration, a substitute bill was introduced which proved to be quite as unsatisfactory to the opposition, led by Dr. Worcester, as to the nurses. As we go to press, this bill has not yet been reported out of the Ways and Means Committee, and if it is reported favorably we understand that all the forces, both the nurses and Dr. Worcester, will unite to defeat it.

The Pennsylvania bill has passed both houses of the Legislature and as we go to press is in the hands of the Governor. There is said to be not much left of the original bill but the paper it was printed on. The Pennsylvania nurses have fought a hard battle, and with whatever result they will have our sympathy.

From Michigan word comes that their bill has passed the house with fair chances of success in the senate. This bill has been very much amended but the committee having it in charge hope to be able to preserve its most vital features.

The fate of the bill in Tennessee will not be known until after our pages have closed. There has been very bitter opposition there, the most unfortunate dissension being within the nursing ranks. There seems to be little hope of success in that State this year.

South Carolina has a bill in the hands of a legislator, but with little hope of success.

The Nebraska nurses have succeeded in securing the passage of what they know to be a rather poor bill. The conditions which confronted them made it impossible for them to withdraw their measure, because a substitute bill had been introduced by a school giving a three months' training, and so strong was the sympathy of the Nebraska legislators with the promoters of the substitute bill that it would undoubtedly have been passed.

Oklahoma has been successful in passing a good bill. The opposition was from the proprietors of correspondence schools, and from a certain element which has been fighting the Pennsylvania bill, these Pennsylvania gentlemen having gone a long way from home in order to influence nursing legislation.

The Texas nurses have secured a fairly good bill with some questionable features, having an examining board composed of five nurses, but without the privilege of nomination to the governor. The whole Board is reappointed by each new governor, whose term of office is only two years.

The Wyoming nurses have secured one of the best bills which has passed any legislature of the country. It is published in this issue and speaks for itself.

Of the twelve States that have been engaged in legislation this season, six, including the defeat in committee of amendments to the West Virginia bill, have been successful. The fate of five is still undecided.

While those states that have failed have our sympathy, we feel that the season, taken as a whole, has been gloriously successful. There are now twenty-two states having laws that define nursing education.

NEW YORK STATE

Miss Hitchcock's report of the New York examinations will be read with much interest by those who are studying the educational effect of state registration. The increasing number of pupils coming forward for the examinations speaks favorably for the value in which they are held by the new graduates. The January examinations have never been as well attended as those in June, for the reason that the majority of

schools form their classes in the spring, and frequently, it is said, pupils graduating in the fall are occupied with their first cases when the January examinations take place. The proportionate increase of pupils coming forward for those examinations is shown in the following figures: January, 1907, 104; June, 1907, 229; February, 1908, 140; June, 1908, 260; February, 1909, 237.

We understand that one of the arguments used by Dr. Worcester and his coterie for the defeat of the Massachusetts bill has been that the New York law has worked hardships for the nurses and the schools and has been the cause of the great reactionary movement leading to a return to the two years' course.

The general adoption of the three years' course came before the existence of the New York statute. So far as we are able to judge, state registration has had nothing to do with this reactionary movement excepting to call the attention of certain groups of people and hospitals, whose selfish or commercial interests were threatened, to the growing importance of the nursing profession through education. If we are rightly informed, the Waltham school could have found recognition both in New York and in other states having registration if, out of the four years' course, for which the nurses pay tuition, it would give two years of hospital experience instead of seventeen months.

PROPOSED CARE FOR NURSES WHO HAVE CONTRACTED TUBERCULOSIS

THE Illinois State Association is making an effort to raise a fund to provide a shack in some tuberculosis sanatorium for the use of nurses suffering from the disease. This shack is to be in connection with some already established sanatorium, thus lessening the expense of administration. A shack large enough to accommodate six patients, equipped with bath, dressing-room, etc., has been considered. It is estimated that two thousand dollars would put this scheme well under way. If each nurse will give even one dollar, there will be no difficulty in raising the required amount.

The movement is but just under way, and the plans are not fully formed, but the general plan is to invite all nurses to contribute to the fund and to have it available for all. It is supposed that any nurse taken ill would be able to pay her own board and laundry bills, and if not, that her alumnae association may help her to that extent, but it is hoped to have so large a fund that even those without any resources may be cared for. If the members of the Illinois State Association contribute most of the money, they will be given lower rates than others

applying. Members of the committee would be glad of suggestions from other nurses; these may be sent through the officers of the State association whose addresses are to be found in the official directory.

NURSES IN THE TUBERCULOSIS CAMPAIGN

IN two different sections of the country reports have come to us of most efficient constructive work in the crusade against tuberculosis by trained nurses.

At Piqua, Ohio, Elizabeth Hatfield, superintendent of the Memorial Hospital, gave an address on the subject of tuberculosis before the Fortnightly Club which has been the means of arousing the people to active work. She dwelt on the municipal side of the question and the need of immediate action by the community.

In Bridgeport, Connecticut, a nurse in charge of the tuberculosis dispensary of the Fairfield County Antituberculosis Association, Mary Finnegan, has taken a leading part in arousing the people to combat the disease.

MECHANICAL INFLATION OF THE LUNGS

THE first operation in this country upon a human being, in which the cavity of the thorax was opened while the lungs were inflated from a chamber containing air at a greater pressure than that of the atmosphere, was performed on April 3 at the German Hospital in New York City by Dr. Willy Meyer. It is believed that the use of this apparatus will open up a wide field in surgery of the thorax. Up to this time many operations in the thorax have been difficult to perform and others impossible owing to the fact that as soon as the thoracic cavity was opened the atmospheric pressure collapsed the lungs, and breathing stopped. The apparatus used is after the models of Professor Sauerbruch.

The patient is a little boy five years old who was operated upon for empyema. After the usual incision was made, and the pus allowed to escape, the lung immediately expanded under the increased air pressure.

The patient is in excellent condition and it is hoped he will go home cured. We hope to give further reports later.

THE MERCENARY SPIRIT

PHYSICIANS who are so concerned over what they consider to be the growing commercialism of the nurse should study carefully the report which has just been issued by the Treasury Department, covering all of the items of expenditure incident to the last illness and burial of President McKinley. The following fees were paid to physicians: Dr. M. D.

Mann, \$10,000; Dr. H. Mynter, \$6,000; Dr. C. McBurney, \$5,000; Dr. Roswell Park, \$5,000; Dr. C. G. Stockton, \$1,500; Dr. E. G. Jane-way, \$1,500; Dr. H. G. Matzinger, \$750; Dr. W. W. Johnston, Dr. E. W. Lee, and Dr. H. R. Gaylord, \$500 each; Dr. N. W. Wilson, \$250; and Dr. G. McR. Hall and Dr. E. C. Mann, \$200 each.

MEETING OF THE SPECIAL COMMITTEE ON NURSING

THE committee on training schools of the American Hospital Association held its second meeting in New York on March 23-24 with a full attendance. The committee called in conference the members of the education committee of the American Society of Training Schools for Nurses, and representatives of a number of educational institutions and bodies. The committee's report will be printed and distributed to the members of the association a short time before the meeting in Washington, so that the members can be familiar with its contents before it comes up for discussion. The thorough manner in which this committee is studying the whole broad subject of nursing education promises a solution of many difficult problems.

A NURSE EMPLOYED AS MATRON OF A PARK

A NURSE in Indianapolis, Miss F. E. Gerard, R.N., has offered her services to the city of Indianapolis for the summer as matron in one of its parks most frequented by children. The necessity of a nurse as matron was brought to her attention by the occurrence of several accidents to children while she was there daily for several weeks with a convalescent patient. The offer was heartily accepted by the city authorities, as she offered her services at the same salary as the ordinary matron.

THE NATIONAL CONVENTIONS

THE program for Federation day and the Associated Alumnae will be found on another page. The program of the Superintendents' Society is not yet ready, but we want to call the attention of the members of the Superintendents' Society to the fact that the subjects that are to be given prominence at that meeting are to bear principally upon the preparation of the pupils for the various fields of practical, common, every-day nursing, and that the secretary particularly requests us to invite every member to come prepared to speak freely and fully on whatever point she is especially interested in or on which she needs enlightenment. The program, which each member will receive before the meeting, will give her choice of subjects for discussion.

THE SCOPE OF THE JOURNAL

WE want to remind our readers in distant localities that the scope of the JOURNAL is national and that items regarding nursing affairs from any section are welcomed, no one portion being given preference. When news from certain cities predominates it means that nurses there have been more alert in gathering information, and others should be inspired to do as well. Because of the unusual number of announcements, bills, and official material that has come into this issue, we are obliged to take out of the body of the magazine two of our most interesting papers.

A CORRECTION

By an error, Lily Kanely, R.N., author of "A Successful Central Directory" in the April JOURNAL, was credited with being a graduate of the Garfield Memorial Hospital. She is, instead, a graduate of the Connecticut Training School, New Haven Hospital, class of 1890.

NEW FIELD FOR NURSES

A CORRESPONDENT asks if any one knows of any section in the west where the demand for trained nursing is in excess of the supply?

Please answer through the JOURNAL.

J. E. W.

STANDARDS IN NURSING THE INSANE *

BY ALBERT WARREN FERRIS, A.M., M.D.

President of the New York State Commission in Lunacy

ALL young men and young women who enter training schools of the hospitals for the insane are beginning a kind of work than which few professions are more exacting, few are more useful, few are nobler. To such I would say you will go forth into the busy world to aid, to guide, to comfort. Your strong arms will support the weak; your calmness and gentleness will encourage and reassure the doubtful; your ready action will alleviate and assuage the ills of those who suffer.

But you will find that your duties outside of the hospital will be vastly heavier than within its walls. You will find that you must give greater heed to the wishes of relatives, for affection and relationship have their rights. You will perceive that the atmosphere of routine and of obedience is largely absent in the home. You will be thrown often upon your own resources in the intervals between the visits of the, perhaps distant, physician. You will, in short, soon realize that your course of study has not given you a perfect preparation for all the possibilities of your work; it has only taught you how to think, how to act and, most important of all, how to learn. You are to-day on the threshold of a life of constant study, and constant endeavor to advance and to gain more knowledge.

The nurse, who on graduation thinks himself perfectly equipped, has no conception of the facts in the case. This is not the time to relax and to abandon effort. If you would succeed in the race of your chosen life-work, you must urge on your boat, "with ambition at the paddle and hope at the prow."

Let me quote you Amiel's words: "He who is silent is forgotten; he who abstains is taken at his word; he who does not advance falls back; he who stops is overwhelmed, distanced, crushed; he who ceases to grow greater becomes smaller; he who leaves off gives up; the stationary condition is the beginning of the end—it is the terrible symptom which precedes death."

Do not, then, deceive yourselves. You cannot afford to look back with complacency; you must gather together the strength that your term of practice has given you and press on, receptive, eager, sincere

* An address to the graduates of the training school of the Manhattan State Hospital, June 3, 1908.

and enthusiastic, if you are to make a success of your profession, always actuated by a true ideal, never harboring in your thoughts for a moment the words of delusion and of folly that we hear idly quoted,—“The world owes me a living,”—but feeling the genuine sentiment of the manly or womanly heart—*I owe the world a life.*

There are all kinds of nurses. In some parts of the country a tender feeling exists toward “the good old-fashioned nurse” so-called. She should be denominated the bad old creature, for she it is who thinks dirt is necessary and “natural,” who cooks up messes, who unites the qualities of an ignorant servant with a soothing and familiar manner. “Eyes have they, but they see not; ears have they, but they hear not.” Thank God they are rapidly becoming extinct.

Then there is the severely scientific nurse, who regards her patient merely as so much material to be dealt with impartially and with regularity. At regular intervals she presents definite quantities of certain combinations of proteids, carbohydrates and fats, which, by means of the proper conveyer, she introduces into the oral cavity of the patient who thus receives alimentation. Such a nurse is difficult and impossible, and I doubt if she succeeds. I do not know anyone who employs her a second time.

There are some nurses who have absorbed so much medical lore that they begin to believe they know as much as the physicians do. This is a dangerous condition of mind if the nurse is to be valuable. Let us ever adhere to our own profession, and busy ourselves in our own field. But of all things let the good trained nurse be loyal to the physician, and remember that a constant enforcing of his orders, unmodified save by other medical opinion when he cannot be reached, with scrupulous avoidance of any disparagement of him or of other physicians, are requisites of prime importance.

Add to your loyalty readiness. Stand with me in the door of a fire-engine house in the city, as an alarm of fire is given. At the first few strokes of the gong the men on duty glide to the stalls, unfasten the horses who go quickly to their places beneath the suspended harness, which is drawn down and clasped together about them with a few skilful motions. “Clang! Clang!” speaks the gong, in measured tones. The men who have been resting in the upper story spring from their beds, draw on their boots and slide down the brass-shod pole through the opening in the centre of the floor, and land at the side of the engine. Each man springs to his position. “Clang!” says the warning gong. The pipe which connects the steam chest with the boiler of the engine is uncoupled, leaving several pounds of pressure within the boiler. The fuel in the box of the engine is ignited; the chain is pulled away

from the doorway; the horses spring eagerly forward and leap into the street, and the engine, scattering sparks in its trail, is off on its errand of salvation, within a very few minutes of the incidence of the first note of the gong. The central idea of the whole orderly, consecutive, perfect action is expressed by the word *ready*.

Ready, ay ready! That is the watchword of the nurse. Equipped, intelligent, competent, self-controlled in the hour of accident or injury, at the crisis of a disease, during the surgical operation of great gravity, she stands ready. Young men, young women, can we rely upon you to be ready?

An old German motto runs "Arbeit edelt"—Work ennobles. We all need to recall this fact at times. The work of the sick room is so often distasteful, if we consult ourselves and our convenience or comfort. But it is all part of a great scheme. No part of the care of the ill is menial work. No part of it is beneath us as nurses in ordinary, or as physicians in extremity.

Fidelity and endurance are of great importance; nay, they are of the utmost importance in the life-work you have chosen. You must be patient, you must be good-natured and ever cheerful, whether a retinue of servants is at hand to save your steps, or whether you are the sole intelligent person in a tenement kitchen, which forms the living-room of a family; for you must always remember that it is given to you, in larger measure than to any others, to contribute to the total of "the greatest good to the greatest number" in this world of suffering.

There are some facts regarding the families in which you will nurse, which, though private or even secret, will come to your knowledge. Of these strictly private family matters you must be oblivious, and you must close your eyes and seal your ears in every instance, never carrying away with you anything of this nature, never by any accident repeating secrets or betraying the confidence which led to your being placed in such a position as to share the family privacy.

In your intercourse with the families of patients, and the patients themselves, do not tell tales and amusing stories at the expense of prior patients or their relatives. People will laugh at such recitals, and most people will pry into the secrets which rest in your keeping, through the unfortunately universal love of gossip. But even those who laugh will not respect you for repeating the stories. Your attitude in this matter, fully as much as your ability to nurse, will be taken as an index of your character and worth. Establish a reputation for alertness, readiness, and a friendly though professional bearing.

Let me briefly suggest the importance of not reading magazines or novels, or writing your letters in the patient's room. It is, from one

point of view, most important. The patient must always receive the first consideration, and your personal affairs and recreations must be kept in the background.

Nursing the insane, all things considered, covers perhaps the most difficult field of nursing, if done well. The structure that is growing upon the broad foundations laid by men and women who have for years labored for the insane is now becoming visible above the sky-line of other human achievements. We are on the threshold of important advances in the care and treatment and the cure of the insane. The measures adopted by the "after-care committees," with their personal help to the recovering patient and their salutary instruction of his family; the most valuable suggestions to the general practitioner in the way of prevention of insanity, as made by Meyer, Hoch and others; the increasing activity of interested people, medical and lay, in the care of the insane before commitment, all combine not only to relieve, but also to prevent insanity and to reduce in the future the tendency to the condition which we call unsoundness of mind. A splendid opportunity is about to open up before you. I charge you, be alert. Read everything that comes from the pens of such men as Meyer and the medical superintendents who are centering their efforts upon prevention of insanity and shortening the attacks of that condition. Keep more than abreast of this work and retain the advantage you now possess. Let the general practitioner, as well as the specialist, know of your special line of study, and to your kind ministrations will be entrusted the most interesting incipient cases of mental disturbance, with their brilliant possibilities, and with corresponding opportunities for yourselves.

Intelligent, faithful, helpful, watchful, ready, confident, and worthy of full confidence you must be, but do not for a moment lose sight of the fact that you must ever remain patient, forbearing, gentle and kind, without any exception and without any reservation. A hard task, a difficult life, a severe demand, you will say. Yes, I answer, all these; a hard task, but one that brings with it its rewards, a difficult life, but what life is more useful? A severe demand, but you, young men and young women, are the ones to whom the community looks for courageous and immediate response to such a demand; you are they who do not shrink, whose hearts beat not a stroke faster when sudden responsibility falls upon you. The time is coming, ay, it is now here, when the nurse of the insane receives due appreciation. A few months ago a nurse at a hospital for the insane intercepted, at the risk of his life, an infuriated insane man in the industrial building who, armed with a sharp knife, was about to attack another patient with whom he was in altercation. A few years ago a nurse sprang into the river and rescued from drowning

a patient who had flung himself into the water. These deeds of heroism are notable and distinguished; but they are no more admirable or useful than the accomplishments of the nurse who quietly, day by day, week by week, month by month, teaches the patient the same lesson of daily conduct, forming anew the lost habits, re-educating the retrograded mentality, rebuilding, atom by atom, the dethroned faculties.

“Can'st thou not minister to a mind diseased;
Pluck from the memory a rooted sorrow;
Raze out the hidden troubles of the brain;
And with some sweet oblivious antidote,
Cleanse the stuff'd bosom of that perilous stuff
Which weighs upon the heart?”

What life more useful, what existence more glorious?

To achieve the best in your profession you must combine many accomplishments and possess many attributes. The late Dr. William H. Draper of New York City, a wise, cultured and beloved physician of the highest type, compared the well-trained nurse with the massive sphinx, that great mystery which will, for succeeding ages, as in the past, stand inscrutable on the plain of Thebes, with the lithe, supple, powerful body of a lion, and the tender and gentle head and breasts of a woman. Is there anything in art, in allegory or in history stronger or more comprehensive than such a combination? It is a valuable thought.

There is a story told, 'tis only a simple legend, of a young painter struggling for recognition in a foreign land. He was engaged upon a picture that he thought would be his masterpiece, the story runs. There was nothing especially striking in his subject, nor in his handling of it. There was nothing unusual in his drawing. There was no special boldness in grouping or in composition. But the color was surprising. He was using a strikingly brilliant red. His fellow students came to his little room day after day, to look over his shoulder and watch the work grow under his brush. “It is a warm beautiful red,” they said, “but it will not last. When it dries out it will be dim. It will be subdued in time. Its brilliancy will not be permanent.” But they were wrong. It did last. It did not fade. Its brilliancy did persist—vivid, bright, admirable, remarkable. One day when they entered his room they found the beautiful picture with its unique red standing on the easel, but at the foot of it the painter lay, dead. They raised him and carried him to his bed, and as they laid him down, they found an open wound over his heart.

Young men, young women, if you put your heart's blood into your work, the color will never fade.

WOMAN AND THE SUFFRAGE *

THE CASE FOR WOMAN SUFFRAGE

BY JULIA WARD HOWE

WHEN the stripling David, having rashly undertaken to encounter the Philistine giant, found himself obliged to choose a weapon for the unequal fight, he dismissed the costly armament offered him by the King, and went back to the simple stone and sling with which he was familiar. Even in like manner will I, pledged just now to make a plain statement of the claims of woman to suffrage, trust myself to state the case as it appeared to me when, after a delay of some years, I finally gave it my adhesion.

Having a quick and rather preponderating sense of the ridiculous, I had easily apprehended the humorous associations which would at first attach themselves to any change in the political status of women. It had once appeared to me answer enough to the new demand to ask the mothers what they proposed to do with their babies, with their husbands, that they should find time for the exercise of these very superfluous functions.

While I still so spake and so thought, behold, a race of men became enfranchised by the appeal to arms. The conquest of their rights demanded the power to defend those rights, and this power the logic of history had placed in the ballot, whose object it is to secure to every person of sane and sound mind the availing expression of his political faith and individual will.

I had by this time cast in my lot with those to whom the right of the negro to every human function and privilege appeared a point to be maintained at all hazards. It had been determined that the slave should become a free man, and, further than this, that, in order to maintain his freedom, he must perform the offices of a free citizen.

Two new thoughts now came to me in the shape of questions: Why was the vote so vital a condition of the freedom of an American citizen? And, if it was held to be so vital, why should every man possess it, and no woman? I did and do believe in equal civic rights for all human beings, without regard to race, subject only to such tests as may be applied impartially to all alike. But there seemed a special incongruity in put-

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ting this great mass of ignorant men into a position of political superiority to all women. The newly enfranchised men were generally illiterate and of rather low morality. Should they, simply on account of sex, be invested with a power and dignity withheld from women, who at that time were unquestionably better fitted to intervene in matters of government than men could be who for many generations past had been bought and sold like cattle, men who would have the whole gamut of civilization to learn by heart before they could have any availing knowledge of what a vote should really mean? Here were ignorance and low life commissioned to lord it over the august company of the mothers. Here were the natural guardians of childhood debarred from the highest office in its defense. I felt that this could not be right; and when the foremost friends of the negro showed themselves as the foremost champions of the political enfranchisement of women, I had no longer any hesitation in saying, This must be the keystone of the arch, whose absence leaves so sad and strange a gap in the construction of our political morality.

Since then the question of suffrage for women has passed out of the academic stage, and has become a matter of practical observation and experience in an ever-growing number of States and countries. Experience has shattered, like a house of cards, all the old predictions that it would destroy the home, subvert the foundations of society, and have a ruinous influence both on womanly delicacy and on public affairs. During many years the opponents of woman suffrage have been diligently gathering all the adverse testimony that they could find. So far as appears by their published literature, they have not found, in all our enfranchised States put together, a dozen respectable men, residents of those States, who assert over their own names and addresses that it has had any ill effects. A few say that it has done no good, and call it a failure on that ground. But the mass of testimony on the other side is overwhelming.

The fundamental argument for woman suffrage, of course, is its justice; and this would be enough were there no other. But a powerful argument can also be made for it from the standpoint of expediency. It has now been proved to demonstration, not only that woman suffrage has no bad results, but that it has certain definite good results.

1. It gives women a position of increased dignity and influence. On this point I will quote from five people whose word has weight in our own land and abroad.

Miss Margaret Long, daughter of the ex-Secretary of the Navy, who has resided for years in Denver, has written: "It seems impossible to me

that any one can live in Colorado long enough to get into touch with the life here, and not realize that women count for more in all the affairs of this State than they do where they have not the power that the suffrage gives. More attention is paid to their wishes, and much greater weight given to their opinions and judgment."

Mrs. Sarah Platt Decker, of Denver, ex-president of the General Federation of Women's Clubs and ex-president also of the Colorado State Board of Charities, writes: "Under equal suffrage, there is a much more chivalrous devotion and respect on the part of men, who look upon their sisters not as playthings or as property, but as equals and fellow-citizens."

Mrs. K. A. Sheppard, President of the New Zealand Council of Women, says: "Since women have become electors, their views have become important and command respect. Men listen to and are influenced by the opinions of women to a far greater degree than was the case formerly. There is no longer heard the contemptuous 'What do women know of such matters?' And so out of the greater civil liberty enjoyed by women has come a perceptible rise in the moral humanitarian tone of the community. A young New Zealander in his 'teens no longer regards his mother as belonging to a sex that must be kept within a prescribed sphere. That the lads and young men of a democracy should have their whole conception of the rights of humanity broadened and measured by truer standards is in itself an incalculable benefit."

Mrs. A. Watson Lister, Secretary of the Woman's National Council of Australia, says: "One striking result of equal suffrage is that members of Parliament now consult us as to their bills, when these bear upon the interests of women. The author of the new divorce bill asked all the women's organizations to come together and hear him read it, and make criticisms and suggestions. I do not remember any such thing happening before, in all my years in Australia. When a naturalization bill was pending, one clause of which deprived Australian women of citizenship if they married aliens, a few women went privately to the Prime Minister and protested, and that clause was altered immediately. After we had worked for years with members of Parliament for various reforms, without avail, because we had no votes, you cannot imagine the difference it makes."

Ex-Premier Alfred Deakin, of the Commonwealth of Australia, says: "There is now a closer attention paid in Parliament to matters especially affecting the (feminine) sex or interesting them."

2. It leads to improvements in the laws. No one can speak more fitly of this than Judge Lindsey, of the Denver Juvenile Court. He

writes: "We have in Colorado the most advanced laws of any State in the Union for the care and protection of the home and the children, the very foundation of the Republic. We owe this more to woman suffrage than to any one cause. It does not take any mother from her home duties to spend ten minutes in going to the polls, casting her vote, and returning to the bosom of her home; but during those ten minutes she yields a power which is doing more to protect that home, and all other homes, than any other power or influence in Colorado."

Mrs. Helen L. Grenfell, of Denver, served three terms as State Superintendent of Public Instruction for Colorado, and is highly esteemed by educators throughout the State. She introduced in Colorado the system of leasing instead of selling the lands set apart by the government for the support of the public schools, thereby almost doubling the annual revenue available for education. Mrs. Grenfell was appointed by the Governor to represent Colorado at the Congress of the International Woman Suffrage Alliance at Amsterdam last summer. In her report to that congress she enumerated a long list of improved laws obtained in Colorado since women were granted the ballot, and added: "Delegates of the Interparliamentary Union who visited different parts of the United States for the purpose of studying American institutions declared concerning our group of laws relating to child life in its various aspects of education, home, and labor, that 'they are the sanest, most humane, most progressive, most scientific laws relating to the child to be found on any statute-books in the world.'"

Wyoming, many years ago, passed a law that women teachers in the public schools should receive the same pay as men when the work done is the same. The news that Utah had granted full suffrage to women was quickly followed by the announcement of the passage of a bill providing that women teachers should have equal pay with men when they held certificates of the same grade. The State Superintendent of Public Instruction for Colorado says: "There is no difference made in teachers' salaries on account of sex."

Woman suffrage has also operated to take the schools out of politics. Mrs. Grenfell writes: "I have seen or heard of more party politics in school matters in one block in Albany, Buffalo, or Philadelphia than in the 103,928 square miles of Colorado soil."

Since women attained the ballot, all the four equal suffrage States have raised the age of protection for girls to eighteen. In Idaho and Wyoming the repeal of the laws that formerly licensed gambling is universally ascribed to the women. The Colorado statutes against cruelty to animals and against obscene literature are said to be models of their kind.

Within four years after equal suffrage was granted, the number of no-license towns in Colorado had more than quadrupled, and it has increased much more largely since. The organ of the brewers of Denver says that Colorado made a great mistake in giving the ballot to women. So far as I am aware it is the only paper in Colorado which takes that ground.

Under the title "Fruits of Equal Suffrage," the National American Woman Suffrage Association has published a partial list of the improved laws passed in the four enfranchised States with the aid of women's votes, giving chapter and verse for each. It fills nearly eight pages.

3. Women can bring their influence to bear on legislation more quickly and with less labor by the direct method than by the indirect. In Massachusetts the suffragists worked for fifty-five years before they succeeded in getting a law making mothers equal guardians of their minor children with the fathers. After half a century of effort by indirect influence, only twelve out of our forty-six States have taken similar action. In Colorado, when the women were enfranchised, the very next Legislature passed such a bill.

4. Equal suffrage often leads to the defeat of bad candidates. This is conceded even by Mr. A. Lawrence Lewis, whose article in *The Outlook* against woman suffrage in Colorado has been reprinted by the anti-suffragists as a tract. He says:

"Since the extension of the franchise to women, political parties have learned the inadvisability of nominating for public offices drunkards, notorious libertines, gamblers, retail liquor dealers, and men who engage in similar discredited occupations, because the women almost always vote them down." During the fifteen years since equal suffrage was granted no saloonkeeper has been elected to the Board of Aldermen in Denver. Before that it was very common. I quote again from Governor Shafroth, of Colorado: "Women's presence in politics has introduced an independent element which compels better nominations."

Ex-Chief Justice Fisher, of Wyoming, says: "If the Republicans nominate a bad man and the Democrats a good one, the Republican women do not hesitate a moment to 'scratch' the bad and substitute the good. It is just so with the Democrats."

Ex-Governor Hunt, of Idaho: "The woman vote has compelled not only State conventions, but more particularly county conventions, of both parties to select the cleanest and best material for public office."

And quoting once more from Judge Lindsey, of Denver: "One of the greatest advantages from woman suffrage is the fear on the part of the machine politicians to nominate men of immoral character. While many

bad men have been elected in spite of woman suffrage, they have not been elected because of woman suffrage. If the women alone had a vote, it would result in a class of men in public office whose character for morality, honesty, and courage would be of a much higher order."

The recent re-election of Judge Lindsey by the mothers of Denver, against the opposition of both the political machines, is only a striking instance of what has happened in a multitude of less conspicuous cases in the various enfranchised States.

5. Equal suffrage broadens women's minds, and leads them to take a more intelligent interest in public affairs. President Slocum, of Colorado College, Enos A. Mills, the forestry expert, Mrs. Decker, and many others, bear witness to this. The Hon. W. E. Mullen, Attorney-General of Wyoming, who went there opposed to woman suffrage and has been converted, writes: "It stimulates interest and study, on the part of women, in public affairs. Questions of public interest are discussed in the home. As the mother, sister, or teacher of young boys, the influence of woman is very great. The more she knows about the obligations of citizenship, the more she is able to teach the boys." A leading bookseller of Denver says he sold more books on political economy in the first eight months after women were given the ballot than he had sold in fifteen years before.

6. It makes elections and political meetings more orderly. The Hon. John W. Kingman, of the Wyoming Supreme Court, says: "In caucus discussions the presence of a few ladies is worth a whole squad of police."

7. It makes it easier to secure liberal appropriations for educational and humanitarian purposes. In Colorado the schools are not scrimped for money, as they are in the older and richer States. So say Mrs. Grenfell, General Irving Hale, and others.

8. It opens to women important positions now closed to them because they are not electors. Throughout England, Scotland, Ireland, and a considerable part of Europe, a host of women are rendering admirable service to the community in offices from which women in America are still debarred.

9. It increases the number of women chosen to such offices as are already open to them. Thus, in Colorado women were eligible as county superintendents of schools before their enfranchisement; but when they obtained the ballot the number of women elected to those positions showed an immediate and large increase.

10. It raises the average of political honesty among the voters. Judge Lindsey says: "Ninety-nine per cent. of our election frauds are committed by men."

11. It tends to modify a too exclusively commercial view of public affairs. G. W. Russell, Chairman of the Board of Governors of Canterbury College, New Zealand, writes: "Prior to women's franchise the distinctive feature of our politics was finance. Legislative proposals were regarded almost entirely from the point of view of, (1) What would they cost? and (2) what would be their effect from a commercial standpoint? The woman's view is not pounds nor pence, but her home, her family. In order to win her vote, the politicians had to look at public matters from her point of view. Her ideal was not merely money, but happy homes and a fair chance in life for her husband, her intended husband, and her present or prospective family."

12. Last, but not least, it binds the family more closely together. I say this with emphasis, though it is in direct opposition to an argument much brought forward by the opponents of woman suffrage. Let us give ear to words that are written, like the last, from a region where equal suffrage has been tried and proved.

The Hon. Hugh Lusk, ex-member of the New Zealand Parliament, says: "We find that equal suffrage is the greatest family bond and tie, the greatest strengthener of family life. It seemed odd at first to find half the benches at a political meeting occupied by ladies; but when men have got accustomed to it they do not like the other thing. When they found that they could take their wives and daughters to these meetings, and afterwards go home with them and talk it over, it was often the beginning of a new life for the family—a life of ideas and interests in common, and of a unison of thought."

It is related that the Japanese Government many years ago sent a commission to the United States to study the practical working of Christianity, with a view to introducing it into Japan as the State religion if the report of the commission proved favorable. The commission saw many evils rampant in America, and went home reporting that Christianity was a failure. The opponents of woman suffrage argue in the same way. They find evils in the enfranchised States, and straightway draw the conclusion that woman suffrage is a failure. But it may be said with truth of woman suffrage, as of Christianity, that these evils exist not because of it but in spite of it; and that it has effected a number of distinct improvements, and is on the way to effect yet more.

I have sat in the little chapel at Bethlehem in which tradition places the birth of the Saviour. It seemed fitting that it should be adorned with offerings of beautiful things. But while I mused there a voice seemed to say to me: "Look abroad! This divine child is a child no

more. He has grown to be a man and a deliverer. Go out into the world! Find his footsteps and follow them. Work, as he did, for the redemption of mankind. Suffer as he did, if need be, derision and obloquy. Make your protest against tyranny, meanness, and injustice!"

The weapon of Christian warfare is the ballot, which represents the peaceable assertion of conviction and will. Society everywhere is becoming converted to its use. Adopt it, O you women, with clean hands and a pure heart! Verify the best word written by the apostle—"In Christ Jesus there is neither bond nor free, neither male nor female, but a new creature," the harbinger of a new creation!

THE ASSAULT ON WOMANHOOD *

BY LYMAN ABBOTT

IF I believed that the suffrage was the right of women, or would protect their rights, or would promote their interests, I should ardently favor it. For I seek to represent, and I believe that I do represent, a great silent constituency—the wives, the mothers, the daughters, who neither strive nor cry, and whose voice is not heard in the streets. If I fail in my undertaking, I ask their indulgence to one who, as son, husband, and father, has a triple reason to give them honor.

I am an advocate of woman's rights: her right to an open door to every vocation, her right to a fair opportunity for the highest and broadest education, her right to do whatever she can do and be whatever she can become; her right to determine her own appropriate sphere, not to have it determined for her by a lord and master; her right to be left free to follow the bent of her own divinely endowed nature, unchecked by vexatious restrictions, uncoerced by the presence of needless economic necessity, undiverted by the ill-judged appeals or the unfeminine sneers of her mistakenly ambitious sisters.

The book of Genesis gives two accounts of the creation of man, one in the first, the other in the second chapter. One represents man first made and woman added to be his helper and his subject. The other represents man and woman made in one act of creation, equally in the image of God, equally his children. What is popularly known as the Woman's Movement is a movement from one of these conceptions to the other—from the conception that woman was made as an afterthought

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to be a helpmeet to man, to the conception that neither alone, but both together, constitute the image of God. John Stuart Mill's monograph on "The Subjection of Woman," published in the first half of the nineteenth century, at once describes and interprets this movement. It was a necessary corollary to the awakening passion for liberty in France, England, and America. Under the inspiring leadership of noble, though possibly not always wise, men and women, it has achieved great things, not only for women, but for the human race. It has removed old and hampering legal restrictions. It has furnished much-needed protection to the wife from the cruelty of a sometimes brutal husband. It has opened the door to all—or nearly all—forms of productive industry, whether professional or manual. It has secured for woman the right to the best education, and opened to her the doors to the great educational institutions. And, above all, it has brought society, and pre-eminently American society, to recognize the fundamental fact that she is not a mere upper servant of man's household, not merely a cheaply paid nurse-maid of his children, not merely a vivacious parlor ornament for his home, not merely a minister to either his sensual pleasure or his spiritual repose; but a divinely endowed child of God, no more man's servant than man is her servant, no more created for him than he is created for her—she created for herself as truly as he is created for himself; each created for the other, both for God. The old resistance to this movement has disappeared; the old arguments against it are forgotten, or, like some ancient hieroglyphs, are regarded only as curiosities in literature. If there are any who desire to go back to the priestly conception of woman as a divine afterthought created to be the helpmeet of man, I am not one of them. My conception of the origin, function, and nature of woman, and of her relation to her divinely appointed comrade and her God, is all summed up in the words of the ancient Hebrew poet: "So God created man in his own image, in the image of God created he him; male and female created he them." It is summed up in the words of the modern English poet:

"Nor equal, nor unequal; each fulfils
Defect in each, and always thought in thought,
Purpose in purpose, will in will, they grow,
The single pure and perfect animal,
The two-celled heart beating with one full stroke,
Life."

But no great movement in the world's history has been free from extravagances and excesses. The Reformation was accompanied by an individualism in religion from the baleful effects of which in sectarian

divisions the Church still suffers. The democratic uprising in the eighteenth century was accompanied by a political tendency toward anarchism which still enfeebles and sometimes paralyzes government and begets lawlessness alike in rich and in poor. The revolt against feudalism in the nineteenth century begat a spirit of selfish competition which sometimes to-day converts co-operative commerce into industrial war. It is not, therefore, strange that the movement for the emancipation of woman has been accompanied by extravagances which constitute nothing less than an assault on womanhood. And this assault is the more dangerous to society not only because it is always veiled behind fine phrases, but also because it has among its leaders women prompted by noble motives.

But neither the phrases nor the leadership should blind us to certain vicious tendencies.

From the premise that marriage is sometimes a species of bondage, reformers have concluded that it should be abolished. Divorce laws, originated to protect women from unhappy marriages, permit the dissolution of the marriage tie for any excuse or for none at all. Men have been divorced from their wives because the wife failed to sew on the husband's shirt buttons; women from their husbands because the husband did not take his wife to ride.¹ In at least one State the parties could be divorced whenever the judge thought they could not live happily together, and the courts usually left them to decide that question. As a divorce decree in one State is presumably binding in all, marriage in America has come perilously near marriage in pagan Rome, in which a husband or a wife could dismiss the other party to the contract as easily as in America a man can dismiss a gardener or a woman a cook; and there was no trade union to protect either party from unjust dismissal. How far this dissolution of the marriage tie has been carried is indicated by the fact that nearly a million divorces were granted in the United States during the last twenty years, that is 1,000 every week, or an average of 140 every day.²

This is not, however, liberty enough for our extreme reformers. Experimental marriage has been seriously proposed by one writer on the family, to be followed, after a year of trial, by a more abiding union or by separation and a new experiment. It is just to this writer to say that she does not advocate this reform, but intimates that it might be

¹ See "Jesus Christ and Social Problems," Chap V, pp. 156, 157.

² The exact figures for the twenty years 1887-1906, inclusive, were 945,625, nearly two-thirds more than in the preceding twenty years, when the number was 328,716. See Special Census Report, spring of 1907.

better than the present practice. Some of the disciples of socialism go still further. They would abolish *meum* and *tuum* altogether from the family as well as from the market, and would allow no man to say *my* wife and no woman to say *my* husband. Free as the birds of the air? Freer; for the naturalists tell us that the birds live loyally with their mates in spite of occasional bickerings.

Nor can these views of liberty be lightly dismissed as those of cranks and faddists. Said Mrs. Elizabeth Cady Stanton in 1853: "A union of souls alone constitutes and sanctifies true marriage, and any law or public sentiment that forces two immortal, high-born souls to live together as husband and wife, unless held there by love, is false to God and humanity."

It is not, however, enough to free the wife from obligation to her husband, but the mother must also be free from obligations to the children. One popular woman lecturer, whose special ideal is the economic independence of women, argues for the millennial time when the wife will go to the office, store, or factory with her husband, to earn her wage as he earns his, while the children are put into an asylum or refuge, to be cared for by experts. Statistics have conclusively shown that the death-rate among orphans cared for by experts in asylums is greater than among the same class of orphans when adopted, under supervision, into private homes. The number of children in orphan asylums is insignificant compared with those in homes; but a recently published report in New York City shows that over 40 per cent. of the children in our reformatories come from orphan asylums. But when did a doctrinaire ever care for facts? The opening of all vocations to women has been followed by an inrush of women into industrial competition with men. Some find in this enlarged liberty an escape from what would otherwise be helpless poverty or ill-paid drudgery. They rightly welcome this relief from the conditions which Hood celebrated by his "Song of the Shirt." Some leave the mother to carry on unaided the daily routine of the household that they may earn pocket money for their unæsthetic luxuries. Some eke out the too scanty earnings of the husband by their own. Some—and these not a few—have crowded out the better paid work of their husbands and brothers, whose place as wage-earners they have taken, but who are quite incompetent to take the woman's place as home-builder. This competition in the labor market of women essaying the tasks which men formerly performed occasionally introduces into modern civilization old barbaric conditions. Landing at St. Thomas in the West Indies to take on coal, we watched the negro women carrying the coal in baskets from the yard to the steamer, while their husbands

either took the lighter task of filling the emptied baskets or idly watched with hands in pockets their economically independent wives do the work for both. I am told that the supercilious negro with high hat, kid gloves, and fancy cane, whom one more than occasionally meets upon the city street, is generally supported by some woman wage-earner, and that in the cotton mills of Massachusetts it is not infrequently the case that the woman is the wage-earner, while the man idly potters at home doing ill the woman's work. One result of this inrush into masculine employments by women has been a real and serious increase in the death-rate among women. In spite of generally improved sanitary conditions and a generally decreasing death-rate in the population, the mortality among women, at least in the city of New York, has increased at an appalling rate. The following table, quoted from a report of the Register of Records of the Health Department of Manhattan and the Bronx, I clip from the *New York Tribune* of December 7, 1908:

CIRCULATORY DISEASES			
Ages		1868.	1907.
15-19	.....	.19	.58
20-24	.....	.42	.45
25-29	.....	.51	.60
30-34	.....	.82	1.03
35-44	.....	.75	1.71
45-54	.....	1.05	3.17
55-64	.....	2.12	8.03
65 and over	.....	4.57	23.40
RESPIRATORY DISEASES			
45-54	.....	1.96	2.37
55-64	.....	4.72	6.65
65 and over	.....	14.59	20.85
CANCEROUS DISEASES			
35-44	.....	.75	1.22
45-54	.....	1.54	3.24
55-64	.....	3.13	5.34
65 and over	.....	4.86	6.90
URINARY DISEASES			
35-44	.....	1.19	1.34
45-54	.....	1.27	2.60
55-64	.....	1.24	4.91
65 and over	.....	3.70	12.57

I would not close one single door of industry to woman. I would not deny her industrial freedom. But I marvel at the shortsightedness of economic reformers who glorify woman's incursion into the ranks of clerical and manual employment as her coronation, and imagine that a

solution of our labor problem will ever come from a process which incites or drives the prospective wife and mother to underbid in the labor market her husband and her son, and pay for doing so by impairing her health and shortening her life.

I deny the economic independence of women, because I deny the economic independence of men. Economic independence is the hazy dream of an unintelligent doctrinaire. It has no existence except as a phrase on the pages of a book. The railway president is economically dependent on the trainmen; the trainmen are economically dependent on the president. The husband who works at the factory is economically dependent on the wife who works to prepare their meals at home. If they both go to the factory to work, they will become economically dependent on some one else whom they have hired to prepare the meal. We are all economically interdependent; the rich as much so as the poor, the men as much so as the women. The ambition for economic independence which drives the wife and mother from the home to the factory simply substitutes an interdependence purely economical for one that was inspired and sweetened by love.

While some so-called reformers are seeking, in the name of domestic emancipation, not to protect women in the family, but to dissolve the family, and other reformers, in the name of economic independence, are not merely demanding that all industrial doors shall be open to her, but are glorifying the industrial conditions which drive her reluctant feet to tasks in the field, the factory, and the mine, which she abhors, still other reformers, or the same, in the name of equality, are demanding that men shall put upon her burdens from which hitherto, by the universal consent of Christendom, she has been exempt. The phrase "right of suffrage" is a misphrase. Suffrage is an obligation; it is a right only as it is the right of every person to fulfil the obligation which is justly devolved upon him. The question of woman suffrage is not, Shall the women who wish to vote be allowed to do so? If that were the question, it might be adequately answered by the proposal of an ingenious friend of mine who suggests that the men who do not wish to vote assign their rights to the women who do wish to vote. There would be more than enough of unused masculine ballots to supply all the feminine demand. The real question is, Shall women be required to assume the duties and responsibilities of public life? It is certain that the majority of women have at present no desire to do so. Property-owning women and mothers can vote in school elections in New York State. It is authentically estimated that about 2 per cent. of them do so vote. In 1895 the women of Massachusetts were asked if they wished the ballot. Less than 5 per

cent. desired it. The other 95 per cent. were either opposed to the suffrage or indifferent. In Massachusetts, New York, Illinois, Oregon, recent movements for woman's suffrage have been defeated because of the opposition of women. In at least eleven other States similar defeats may be justly attributed to similar opposition. That women vote in States where they possess the suffrage proves only that they will conscientiously endeavor to fulfil any obligation which is imposed upon them. Mr. Taft and Mr. Hughes are both reported as saying that they are in favor of woman suffrage when the women want it. So am I. So are the great majority of men. Whatever ills might come from woman suffrage would be insignificant compared with the ills which would come from a great body of women, discontented because they thought themselves denied a right by men who desired to keep them in subjection.

The question of woman suffrage is therefore really one for the women themselves to determine. Whenever they wish the suffrage they will have the suffrage. At present they do not wish it. A few shrieking suffragettes are eager for it because they have entered the fray and want a victory. Some ambitious women are eager for it as an evidence of their political equality. Some philanthropic women believe that with the ballot they could accomplish moral and industrial reforms which now they can urge but not command. Some wage-earning women wish for the ballot as a symbol which they believe would secure for them in their vocation greater respect. These reformers have made their voices heard in the halls of legislation. The great body of silent women have until recently been without representation. The majority of these silent women pay as little attention to the advocates of woman suffrage as they would to the appeals of a recruiting sergeant in time of war seeking to form a regiment of amazons. They are so averse to public life that they will not even publicly protest against an endeavor to force them into public life. A few are really perplexed by the specious plea for political equality and by passionate appeals to their conscience to come to the help of the weak and the oppressed. The hysterical appeals of the suffragettes, the unfeminine appeals of the masculine women who wish that God had made them men, we may wisely disregard. I, for one, will not argue with them. But the serious-minded appeals to reason and conscience by serious-minded women who believe that the ballot in the hands of woman would elevate and educate her and would help to purify and redeem society deserve our serious consideration. To them and to their arguments, and to these alone, I address myself.

Equality applied to the sexes is as much a misphrase as economic independence. Women are not equal to men; men are not equal to

women. Equality and inequality are alike inapplicable to beings who possess different natures, to organs which possess different functions. Are the lungs equal to the heart? Is a yard-stick shorter or longer than half an hour? There was once a Joan of Arc. But no one would affirm that women make as good soldiers as men. I once knew a woman who could by her unaided strength lift a flour-barrel and put it on a wagon. But the steamship companies do not expect women to make good longshoremen. There are required in the hospitals some men nurses. But all physicians agree that, save where exceptional strength is needed, men are not equal as professional nurses to women. I have known a widowed father who cared for his motherless children, and did it well—for a man. But they were still motherless.

“She sets herself to man
Like perfect music unto noble words.”

Which is superior in a song—the words or the music?

The question of woman suffrage is not a question of equality. It is a question of function.³ The voters of America govern America. The ballot is a command. Do the women of America desire to take an active part in the government of America? Do they wish to command? I think not. And I will have no part nor lot in the endeavor to compel them to assume this duty which they do not wish to assume. Ought they to wish to take an active part in the government of America? Ought they to wish to command—their brothers, their husbands, their sons, or other women? I think not. And I will have no part nor lot in the endeavor to persuade them to do so. For they have a far greater function to perform, a far greater service to render, and one with which falsely called economic independence and falsely called political equality, if brought about, would tragically interfere.

Of that service I will speak in a succeeding paper.

[A second paper on this subject, written by Dr. Abbott, appeared in *The Outlook* for April 10.—ED.]

³“I believe that man and woman should stand on an equality of right, but I do not believe that equality of right means equality of function; and I am more and more convinced that the great field, the indispensable field, for the usefulness of woman is as the mother of the family.”—THEODORE ROOSEVELT.

HOUSEHOLD HYGIENE

By ISABEL McISAAC

(Continued from page 496.)

II

CONSTRUCTION AND ARRANGEMENT

CONSIDERATION of building materials and division of space are really beyond the scope of these papers, but there are a few points which make the difference between health and comfort, against disease and discomfort, that may be spoken of with advantage to those inexperienced housewives, who have missed the experience of living in houses with other people's building mistakes, or who have not discovered their own ignorance by building a house themselves.

It is an old saying among those who have tried it that one must build three times before doing it satisfactorily.

The architectural offenses most common among us are those which Mark Twain says are "Queen Anne fronts and Mary Ann backs." A simple unadorned house which makes no pretensions is far more attractive than make-believe architecture such as Norman towers on wooden houses, and fantastic balconies which have no possible relation to the rest of the house, small frame houses with massive granite steps suitable for the entrances to hotels, parti-colored glass and paint in assorted colors, all making believe to be something they are not, and all costing huge sums which should have been put into thoroughness of construction and convenience.

If we cannot afford to employ really good architects let us at least not try to ape designs we do not understand, and which are unsuitable to our purses and our surroundings; we had much better be Mary Ann both front and back than to be guilty of some of the monstrosities to be seen in most communities. Building a house is not like buying an unbecoming hat which may be replaced at the end of a season; the house may be a monument to our folly and bad taste for all time.

First, after consideration of the site and outlook, must come thought for size and material, which means that cost shall be divided in such proportion that one is not sacrificed to the other. The tendency is to put too much into the size at the expense of the materials and construction.

Until a few years ago a well-constructed house built of wood, which we commonly call a frame house, was in many ways the most satisfactory

house of moderate cost, but with the growing scarcity of lumber, and great increase of cost the frame house has grown to be quite as expensive as bricks or concrete.

There are in existence many wooden houses a hundred or more years old, which are in far better condition than some which were built within twenty years because the materials were chosen with care. Instead of good pine and oak, hemlock is substituted, which will last less than ten years when exposed to the weather. Formerly houses were shingled once in twenty-five or thirty years, now a householder is fortunate whose shingled roof does not need mending within seven or eight years. The initial cost of slate roofs is much greater than wooden shingles but the slates will last a lifetime.

If a house is built of bricks or concrete, double walls with an air space are an absolute necessity, otherwise the walls are damp and unwholesome. Thoroughness of construction, especially to secure dryness and warmth, is commonly much neglected in the hastily built houses made to sell. Building papers or quilting for the walls, and double floors throughout will pay for themselves in the lessened fuel bills of two or three winters.

The cellar is one of the most important parts of the house and must be dry and well ventilated. If the cellar walls and floor are impervious to moisture, there is little danger from soil air penetrating the house. The concrete cellar floors particularly should be thick enough to exclude the moisture from below.

In the arrangement of rooms, especial thought should be given to convenience in doing the household work. No different levels between kitchen and pantries should be permitted, and the relation of the kitchen sink to the range and work table should be carefully thought out. The kitchen sinks and stationary laundry tubs in a large majority of houses are set too low, which means backaches for those who use them.

A common fault in cottage houses, particularly in the country, is that the kitchen opens directly into the dining-room, which makes it almost impossible to exclude the odors of cooking from the whole house; it is much better to arrange the pantry between, if there is no room for a passage-way.

The finishing wood-work is an important item of construction. That which is elaborate in what is known as "mill-work," *i.e.*, scrolls, bevels, and grilles, is expensive, ugly and never clean. The daily dusting and the regular housecleaning of such wood-work is calculated to imperil the disposition and health of any housekeeper.

Unless one can afford a first-class architect, the woman of the house

should "camp upon the trail" of the builder, or he will put the kitchen chimney where he thinks it looks best from the outside, and she will have to put the range on the other side of the room, and carry the stove-pipe overhead across the room; or he will set the kitchen sink behind the door where there is no room for a drain board; or he will put the dining-room windows in at equal distances from the corners of the room so that the only place the table can stand will be in front of a blank wall, or if there is one window in the room he will put that window in according to his idea of the looks from the outside no matter how ugly and inconvenient it may be within; and his mania for swinging doors the wrong way needs unceasing watching.

Avoid the very wide porches for the north and east sides of the house, be sure the chimneys are large enough to secure good drafts, have as many and as large windows as possible, avoiding those with a large single pane of glass which cannot be opened. See that fireplaces are connected with a chute to carry away ashes which is such a saving of hard labor and insures a tidy hearth, and be prepared to battle with the builder and the man of the house about closets and cupboards. You may have to sacrifice the household peace for a few days but your comfort and convenience for years is worth it.

(To be continued)

HOUSEKEEPING FOR TWO

By ANNA B. HAMMAN

Instructor in Foods and Cooking, Mechanics' Institute, Rochester, N. Y.

(Continued from page 504)

FISH TIMBALES. One-half cup cooked fish finely flaked, salt, pepper, few drops lemon juice, two tablespoons milk or cream, white of one egg. A slice of halibut, white fish or cod, or well-drained canned salmon may be used for this dish. After breaking up the fish very finely with a fork, add salt, pepper and lemon juice, then milk or cream, and beat well. Add stiffly-beaten white of egg, put mixture into buttered custard cups, set in a pan of hot water and bake in a moderate oven until set. It will take about twenty minutes. If an oven is lacking, the cups may be set in a pan of hot water over the fire and covered. When done, turn from the moulds and pour around them a sauce.

With the white fish, halibut or cod, a tomato sauce is good, made with half a cup of tomato juice, a tablespoon of butter and one of flour, a

liberal seasoning of salt and pepper, and a suspicion of onion. For the salmon timbales, add to a half-cup of white sauce the beaten yolk of an egg and a few drops of lemon juice. Or, for any sort of fish, use a sauce tartare, which is a mayonnaise dressing with the addition of chopped olives, pickles, capers, parsley and a few drops of tarragon vinegar if it is at hand.

This is the time of year when we need some new fashions for the old potatoes. Baked creamed potatoes will meet the necessity sometimes. Cut cold boiled potatoes into half-inch dice, mix a cupful of them with three-quarters of a cup of white sauce, put in a baking dish and bake until lightly browned over the top. For variations add a teaspoon of finely chopped parsley, or two tablespoons of grated cheese to the white sauce. With the potatoes and cheese, sprinkle buttered bread crumbs over the top and bake until the crumbs are brown.

While we are waiting for the fresh green summer vegetables to come around once more, canned tomatoes help, best of all the winter supplies, the flavor we long for in the early warm weather. Try a dish of scalloped tomatoes. Put in a shallow baking dish first a layer of buttered stale bread crumbs, then a layer of tomatoes well seasoned with salt and pepper and a few drops of onion juice if you like, then another layer of buttered crumbs, another of seasoned tomatoes, and buttered crumbs on top. Bake until heated through and browned delicately.

Banana Salad. Peel a ripe banana, cut in two crosswise, then lengthwise. Dip each piece into the following dressing, and lay it on a bed of crisp white lettuce leaves:

Salad Dressing. One and a half tablespoons butter, three tablespoons flour, one teaspoon salt, one egg, one-quarter cup water, one-quarter cup vinegar, one tablespoon sugar, cream (one-half cup or less). Melt butter, add flour, salt, beaten egg, vinegar and water. Cook over hot water, stirring constantly, until mixture is smooth and thick. Remove from fire, add sugar, and when cold, stir in enough cream to make it of the right consistency. Sour cream will do perfectly well, if you happen to have some. This dressing is especially good with bananas if tarragon vinegar is used in place of ordinary vinegar. A few chopped nuts, pecans, walnuts or peanuts, may be added to this salad.

Egg Rolls. These are an excellent variation of baking powder biscuit.

One cup pastry flour, one and one-half teaspoons baking powder, one and one-half tablespoons butter, one-quarter teaspoon salt, three-eighths cup of milk, one-half of a beaten egg. Mix and sift baking powder, salt and flour, cut in the butter. Mix two tablespoons of the milk with

the beaten egg, and add it lightly to the flour and butter, using the rest of the milk if it will not make the dough too soft to handle. Toss out on a floured board, pat out one-half inch thick, cut in rounds, and bake twelve to fifteen minutes in a hot oven.

Strawberries are coming again, but they are still high-priced, and while we are biding the time, some light dessert with an acid flavor is desirable. The orange, like the canned tomato, is our standby. Here is a trifle, light and cool, to finish the meal. It makes a good dessert for the invalid tray, too.

Orange Whip. Yolks of two eggs, two tablespoons sugar, juice of one orange, three teaspoons lemon juice, few grains salt, whites of two eggs. Beat yolks, add sugar, fruit juice and salt, and cook over hot water, stirring constantly, until thick. Remove from fire and, when cool, add whites of eggs beaten very stiff. Pile lightly in a sherbet glass and chill.

Orange Jelly. Two teaspoons granulated gelatin, two tablespoons cold water, juice of two oranges, one tablespoon lemon juice, one-quarter cup sugar. Soak gelatin five minutes in cold water, then set over boiling water until it is dissolved. Mix fruit juice and sugar, add water, if necessary, to make one cup liquid, and stir into dissolved gelatin. Strain into moulds wet with cold water and set in a cold place until firm. Turn out of moulds and serve with whipped cream. Fruit gelatin made in this way is much better than that made with boiling water, which destroys the fresh fruit flavor. It also has the advantage of setting more quickly.

Nut Wafers. One egg, one-half cup brown sugar, one-half cup English walnut or pecan meats, one-eighth teaspoon salt, three tablespoons flour. Beat eggs thoroughly, add sugar, meats finely chopped, flour and salt. Spread as thin as possible on a buttered tin, and bake in a rather hot oven until lightly browned. When nearly cold, cut in squares.

HOW TO MAKE A NORMAL SALT SOLUTION FOR OPERATION IN PRIVATE HOUSE

By HARRIET F. MACARTHUR

Graduate of the Presbyterian Hospital Training School, New York

To make a normal salt solution $\frac{9}{10}$ of 1 per cent. use one teaspoon of salt to one pint of water. Scrub thoroughly a large kettle, fill it with water and a little soda, allow it to boil while preparing to make the solution. Clean and boil two large toilet pitchers, two towels, a

graduate glass, pitcher, and teaspoon. Have ready table salt, filtering paper or absorbent cotton. A large tumbler may be used if a graduate glass is not to be had. Two tumblers of water make one pint. Pour the water out of the kettle and rinse with sterile water. Be sure you have everything you require ready before you start to make the saline. Hands and nails must be surgically clean. After measuring the water, add the salt, as directed; filter into the clean kettle and boil briskly for one hour. Pour the saline into the sterilized pitchers, add enough sterile water to supply quantity lost by evaporation, cover tightly with the sterilized towels and tie with gauze bandages. If the saline is required for immediate use, stand one pitcher in cold water, changing frequently.

Every nurse will find it a great convenience to carry in her bag, if going out of town, three little bottles of concentrated saline solution, sterilized, or the compressed salt solution tablets, prepared by manufacturing chemists, some filtering paper or absorbent cotton. The above requires very little space and will save much time.

THE NEW YORK STATE EXAMINATIONS

By JANE ELIZABETH HITCHCOCK, R.N.

Secretary, State Board of Nurse Examiners

It is a familiar thought that the teaching of diet cooking for the sick is the most difficult requirement of registration for training schools to reach. It is equally well understood that strong efforts are being made on the part of the schools for adequate teaching force and equipment for such instruction. In submitting the following criticism, all this is borne in mind, and its purport is not discouragement, but rather a desire to take into our confidence all those who are working with the Department of Education towards the perfection of the training-school curriculum.

In the examination of June, 1908, diet cooking was treated on its most practical side. Simple recipes of food of the most every-day variety were called for, and amusing replies were elicited. It was suggested to the Board that cooking teachers to-day do not require memorized rules and that many of the lessons or lectures are based on chemical values, etc. Following this hint, the questions in the last examination (February, 1909) aimed to call for a more scientific knowledge of food-stuffs, food values, and the changes of these values in health or illness, youth or old age. The effect was disastrous. In June, 1908, 86 per cent. of those examined received the 75 per cent. pass mark. In February,

1909, only 38 per cent. passed. Here are a few interesting answers in this last examination.

Question.—What is predigested food?

Answers.—Food expelled from the stomach before the stomach has a chance to go through the churning process.

Food that has not been properly digested in the stomach.

Question.—What is condensed milk? State its value as a food.

Answer.—Milk that has been mixed with equal parts of water. It is a valuable food, as it is easily digested and readily absorbed in the stomach. It could not be used in a restricted diet as it contains too much water.

Question.—What effect on the system has hot water when taken internally?

Answer.—Acts as a panacea.

Question.—What are the most important food products derived from the vegetable kingdom?

Answer.—Eggs, meat, milk.

Question.—State the food value of green vegetables.

Answers.—Green vegetables have a high food value on account of their fats.

Valuable for carbohydrates.

Green vegetables contain nearly all the food products that is required to build up the system. A man can live on vegetables, but he would be healthier if he had some proteid material with his vegetables.

Question.—What changes in diet should be made in advanced years?

Answers.—Should have more fats and proteids as tissue builders.

The changes in diet should be made in advanced years when of age the food is more harder to digest, why, because they may not have the strength to take exercise enough for their food properly to digest.

More meats, because the body does not contain so much body heat in advanced years, and therefore requires those foods which make it.

Verily, there is still something to be done in our schools along the line of intelligent preparation of proper nourishment for our sick.

In materia medica, candidates are still weak in the mixing of solutions, not understanding how to prepare from the drug. Some advised boiling boracic as long as two hours, and some the same with carbolic. They knew the per cent. of the saturated solution but had no idea of the amount needed to make it. The antidotes for poisons were in most cases guesses. Still there were some excellent papers, as the number that were passed shows. In these days of "ethical proprietary drugs" it is harder for a nurse to learn dosage and, for that matter, harder

for her to know what she is giving her patient. In the old days of dosing it was easier to learn dosage and drugs; but we do need to know how to prepare solutions and have intelligence enough to divide tablets and to give correct doses hypodermically when ordered.

It is surprising that anatomy and physiology should show such a large per cent. of failures. Heretofore this has been one of the best subjects. It is interesting to note that materia medica and the nursing of children no longer have a lower per cent. than anatomy and physiology. Perhaps more energy put upon the two first subjects has taken away from the last. At all events, it is an unusual situation that anatomy and physiology should receive so low a per cent. Here is rather an amusing answer to one of the questions in anatomy. The tongue, in two papers, is given as an example of an involuntary muscle. Perhaps this explains its old reputation for being an "unruly member."

The practical examination showed very good work. Of the 237 who took the test, only 11 failed. Much of the detail was excellent. A little was very poor indeed. We regret to record that the poorest work was done in the demonstration of comforts for the sick, arrangements of pillows, etc. The preparation of sterile gloves was well handled, but devices for keeping patients comfortable during long, painful illnesses was weakly treated.

To summarize: the examination showed that our nurses are not yet well equipped in diet cooking or improvised arrangements for sick-room comforts, but show marked improvement in the care of sick children, the understanding of the administration of drugs, and surgical technic.

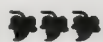
SUMMARY

Subject	No. passed	Per cent. passed
Practical examination	226	95.3
Anatomy and Physiology	176	74.2
Medical Nursing	235	99.1
Obstetrical Nursing ¹	227	96.5
Nursing of Children	202	85.2
Bacteriology	227	95.7
Surgery	226	95.3
Materia Medica	207	87.3
Diet Cooking	92	38.8
General Average	198	83.5

Total number of candidates, 237.

¹ Total number examined in obstetrics, 235.

RED CROSS WORK



THE NEW YORK MEETING

By JANE A. DELANO, R.N.

Secretary of the Committee on Nursing Service

THE New York Branch of the Red Cross under the special management of the Committee on Nursing Service opened its conference for nurses at the Waldorf-Astoria in New York City on Tuesday, April 13.

The Astor Gallery in which the meeting was held was decorated with American and Red Cross flags, and training schools connected with the following hospitals sent pupils in uniform to act as ushers: St. Vincents, Mt. Sinai, Presbyterian, Roosevelt, New York, Bellevue, New York City, Metropolitan, German, Post-Graduate, St. Luke's, Brooklyn, Long Island College, and Brooklyn Methodist Episcopal.

The military band from Governor's Island was permitted by the War Department to attend the meeting, and their playing did much to enliven the occasion.

Col. Wm. Cary Sanger of Utica, president of the New York State Branch of the Red Cross, presided and in an opening address mentioned the splendid opportunities for service offered by the Red Cross and the need of more members.

Miss Ruddy, who did volunteer work during the Spanish-American War, spoke of the suffering of our soldiers that might have been avoided if only there had been a well-organized nursing service ready when war was declared.

Mrs. Wm. K. Draper gave an account of the early history of the Red Cross and of the excellent work done since its reorganization four years ago.

Major Chas. Lynch, of the Medical Department of the Army, spoke of the necessity for organization and preparation for service in time of peace. He also spoke of the great need of nurses in time of war, and urged the importance of organizing the nurses throughout the country in such a manner as to be readily available in time of emergency. He said that the two great necessities were "material" and "personnel." The former could be purchased, but the latter must be organized to be useful.

The meetings at Nightingale Hall were more informal, but no less interesting. They were held April 15 and 16 at 8 P.M.

Capt. Siler, of the United States Army, described the different grades in all branches of the Army and how to distinguish between them. He gave an outline or diagram of a battlefield with the location of the various hospitals and their relation to the rest of the service. The organization and personnel of the Medical Department of the Army was given in detail, as nurses, in case of war, would be most concerned with this branch of the service.

Mrs. Stevenson, a member of the Committee on Nursing Service, told of her experiences during the Spanish-American War and urged upon nurses the need of organization and co-operation.

Miss Gladwin, also a member of this committee, gave an account of her work under the Japanese Red Cross during the war between Japan and Russia.

Miss Delano, secretary of the Committee on Nursing Service, outlined briefly the aims and purposes of the Red Cross and its relation to nurses.

The excursion to Governor's Island on Saturday, April 17, proved to be a fitting close to the conference. A more extended account of the meeting at this Army Post will be given in the next issue of the JOURNAL.

DOST thou not see the little plants, the little birds, the ants, the spiders, the bees working together to put in order their several parts of the universe? And art thou unwilling to do the work of a human being?—MARCUS AURELIUS ANTONINUS.

SLOTH makes all things difficult, but Industry all easy; and he that riseth late must trot all day and scarce overtake his business at night: while Laziness travels so slowly that Poverty soon overtakes him.—FRANKLIN.

No one ever did work in a public way which accomplished anything that he did not encounter the opposition of good, conscientious men, as well as that of the politician and the scalawag; and it is useless, in my judgment, to pay much attention to such opposition, though it appears in respectable journals.—WILLIAM HOWARD TAFT.

NURSING IN MISSION STATIONS



THE ELIZABETH BUNN MEMORIAL HOSPITAL, WU-CHANG, CHINA

By SUSAN H. HIGGINS

Graduate of the Philadelphia Hospital Training School

(Continued from page 426)

WE get very interesting work of all sorts. Just now, after a hot cholera summer, we get abscesses, malignant carbuncles, ulcers, prolapsed recti, etc. I never saw a real leg ulcer at home, those we dressed at Blockley were mere scratches. These are deep boring things that lay bare the muscles. We have a dear little child with a tubercular hip, now wearing a brace from home, another with an injured spine, several serious eye cases, sciatica, and other things found in a general hospital. There is a standing order to start every new patient on santonine.

Our dispensary patients vary from fifty to seventy-five; this past month we have treated over a thousand.

Bad eyes seem endless. In spite of many cataracts, it is difficult to operate here in the interior. The common people say we make medicine from eyes, especially baby eyes, and it is a common thing to see a baby's eyes covered as we pass by on the street.

The women are very timid, and most of our abscesses are opened by "Mecca Compound," donated by one of the mission staff. This brings even deep-seated abscesses to a head, and generally opens them without the aid of a knife.

We get many attempted suicides, cut throats, opium poisoning, etc. The would-be suicide attempts her life to spite her husband or mother-in-law, and then gets frightened.

The outside obstetric work is hard; the doctor rarely gets a normal case. The patient has generally been in labor for days, and the foreign doctor is sent for when the baby has died and they are afraid the mother will die with the unborn child, which is a most terrible thing, according to their superstition. The day after some hard cases the doctor's hands have been so swollen I have had to dress her.

Our head nurse, Miss Chiang, is an example of what a Chinese girl can become as a nurse. She is capable of caring for foreigners, which is a great resource to the station as well as a comfort to the patient. It

is bad enough to be ill and feel that your own work is undone, without keeping a fellow missionary busy caring for you and away from her work.

Nursing opens a new and respectable means of self-support for widows and for girls who do not care to marry. The betrothed girls are not nearly so satisfactory. Our three pupils are all dear girls. They are all Christians, so the patients in the wards are under constant Christian influence. We have a Bible woman on duty in the dispensary to talk to the waiting patients. We have daily morning and evening prayers, and a service on Sunday. On clear Sundays, we have quite a delegation of convalescent patients to send to St. Mark's for service.

Medical work brings us in touch with the women of the higher classes that so far have hardly been touched. Our openings in this direction are followed by one of our mission who has made a study of polite usage. She has a school for the daughters of these people, and does an immense amount of good.

A GREAT OPPORTUNITY FOR WOMEN PHYSICIANS AND TRAINED NURSES ON THE FOREIGN FIELD

BY SAMUEL M. ZWEMMER, D.D., F.R.G.S.

IN the *New York Times* for December 5, a physician practicing in Greater New York states that the whole trouble with the profession of medicine is that it is overcrowded. "There are more physicians in Greater New York than in all the rest of the State, and five times more than in all Connecticut." He goes on to give figures and reasons why this city is overcrowded with doctors. "There are entirely too many hospitals in New York. One-half the number would be plenty."

What is true of New York City is true in a large degree of our whole country, especially if compared with the terrible destitution and need in other lands. In this country there is one physician for about every 600 people, while on the foreign field there are whole regions without a hospital, and millions that suffer and die without scientific medical skill or care.

The opportunities for medical work on the foreign field from a purely professional standpoint are unparalleled. A woman graduate of the University of Toronto went to Arabia five years ago, and after a fortnight in the only hospital along a coast of a thousand miles in this pioneer field wrote:

"During my two weeks here we have had twenty operations on the eye, one amputation, the removal of a large tumor, and numerous teeth

extracted. In medicine we have had pleurisy, pneumonia, tuberculosis, tetanus, smallpox, leprosy, paraplegia, different varieties of heart lesions, and other interesting cases. In gynæcology we have had the usual run of inflammations and displacements, with atresia for a specialty.

“One of the peculiarities of the people here is that they never present themselves for treatment until the disease is far advanced, but of course there is an excuse for them in some cases, as they may have suffered for years before there was a hospital to come to. About 75 per cent. of the people seem to have eye trouble of some sort. Trachoma, trichiasis, ulceration and opacity are the commonest forms, yet inside a week one meets everything from simple ophthalmia to panophthalmitis. In fact, one would have to be a specialist in every branch of medicine and surgery to do justice to the amount and range of material which presents itself.”

A trained nurse has a wonderful opportunity not only along professional lines, but as a teacher of hygiene and ordinary care of the sick, as one who can train the natives to become nurses, and so help to overcome the stupendous ignorance and grovelling superstitions that prevail so widely in Oriental lands.

The medical missionary and the trained nurse, however, are needed on the foreign field not only in their professional capacity, but because they are able to overcome prejudice, to open doors for the message of Christ, and to incarnate that message in a way which is absolutely superior to that of the preacher or the teacher. There is a language which the whole human race can understand and which carries a message that every one, sooner or later, desires to hear. The medical missionary is master of this unspoken tongue of the heart. He is welcome in the home of the stranger. The fanatic Mohammedan allows him in the innermost harem; the Mandarin calls him to his palace and the Brahmin leads him into his home. For the Christian physician and the trained nurse there is no chance to invest life that can compare for a moment in influence and power with that on the mission field. As Dr. Post says:

“You take the Bible to the heathen and he may spit upon it, or burn it, or throw it out as worthless. You preach the Gospel to him and he may regard you as a hireling who makes preaching a trade. He may meet your arguments with sophistry; your appeals with a sneer. You educate him and he may turn from a heathen to an infidel; but heal his bodily ailments in the name of Christ, and you are sure at least that he will love you and bless you, and all that you say will have to him a meaning and power not conveyed by other leaders.”

The work of medical missions in the four hundred hospitals and

seven hundred and eighty-three dispensaries which are already established on the foreign field, from Greenland to India, and all the way across Africa, and which last year cared for more than 85,000 in-patients and six and a half millions out-patients, is its own justification.

No other form of Christian effort is more highly approved by the missionary boards. They are, therefore, urgently calling for workers,—women of thorough education, with natural gifts of leadership and spiritual power who are willing to use their professional skill in the service of Christ. Each one of these calls is urgent and must be filled immediately.

THE LATEST APPEAL

THE Arabian Mission—Reverend Henry N. Cobb, secretary, 25 East Twenty-second Street, New York—is very anxious to secure a trained nurse to go out before November to help in the work of the mission. There are two hospitals, where last year no less than twenty-three thousand out-patients were treated. A Presbyterian or Dutch Reformed woman is preferred.

NAPLES'S HOT GENEROSITY

WEDNESDAY, Thursday, Friday—for three days I was in Naples, while the wounded were being carried through the crowds, and the dead were being put into the hearses surmounted with wooden crosses. And I shall not forget the warm pity, the hot generosity, of the Neapolitans. They gave in feeling, they gave in work, they gave in money, they gave in kind. It was good to see the students collecting, and it was good to see the young aristocrats ministering to the wounded in the motor cars which made so many quick journeys between the ships and the hospitals. The students formed themselves into bands, each band wearing caps of a different color, and they swarmed through the swarming city. They poured out from somewhere, at a given signal, I suppose, like bees from a hive, and suddenly they were everywhere. Under every nose there was a money box, at every elbow an eager, polite young man, in every ear a voice murmuring: “Per i feriti, Signora!” “Per i feriti, Signore!”

And Naples gave with a ready hand.—From Robert Hichens's “After the Earthquake” in the *April Century*.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

SCARLET FEVER CARRIERS.—The *New York Medical Journal*, quoting from the *Archives of Pediatrics*, says: Herrman refers to the epidemic of scarlet fever in New York City in 1908 as the most severe and widespread in the history of the city. The mortality was 5.4 per cent., notwithstanding the most extensive sanitary precautions. The author believes there must have been some source of infection which had been overlooked, or which had not received due consideration. He does not think the schools were at fault as has been the case in some epidemics. As to the question of transmission by desquamated scales of epidermis, argument is brought forward to show that this is at least doubtful. Cited cases seem to point to saliva, to the walls and floors of the sick room as carriers of the infectious material whatever it may be. Mild cases may propagate the disease as effectively as severe ones, and any one with a scarlet fever throat may give the disease in virulent form to unprotected children. A discharge from the nose or ear may bear the infective material, hence the greatest care should be given to nasal and oral hygiene. Open wounds should be protected from contact with those who have been exposed to the disease. Disinfection may be unnecessary, but in the existing uncertainty as to the medium of transmission such a procedure cannot be dispensed with.

CAN OPSONIC ESTIMATES BE RELIED ON IN PRACTICE?—The *Medical Record*, in a synopsis of a paper in the *British Medical Journal*, states the following: E. C. Hart says that the work of the Wright school must be reckoned with in clinical medicine, but that it is doubtful whether opsonins represent more than a fractional part in the highly complex machinery of immunity production. Granted that they are the important factor in immunization, the question as to their reliability is still open. Technical considerations of standardization of emulsions, cultural difficulties, agglutination questions, etc., concern only those experts whose responsibility it is to render such technicalities as free from sources of error as possible. They do not affect the practising physician, whose only concern is with the pertinent questions of reliability and cost. As regards cost, everyone knows that it is necessarily high. As to relia-

bility, countless observations have been reported in which the estimations have appeared to be of the highest value in diagnosis and in determining treatment. But such experience is not universal even when securing the best talent among the exponents of the opsonin theories. There appears to be a growing conviction, says the author, that, except possibly in the hands of an extremely small band of experts, the method is not of the general utility with which it has been credited.

CHANGE OF THE SIZE OF THE HEART IN HOT AND COLD BATHS.—The *New York Medical Journal*, quoting from a German contemporary, says: Beck and Dohan report their observations on fourteen patients given baths of different temperatures. In six out of seven given hot baths, from 40° to 45° C., the heart was diminished in size after the bath, in several cases very markedly. After a cold bath the heart was increased in size in four out of five patients and remained the same in only one. In three the enlargement was remarkable. After warm baths in which the warmth did not exceed the body temperature, 35° C., the size of the heart was but slightly diminished.

THE CLAIMS OF WATER AS A THERAPEUTIC AGENT.—Baruch, in his introductory lecture to the course on hydrotherapy at Columbia University, New York, as published in the *Medical Record*, remarks that water stands easily foremost among the physiological remedies. He speaks of water as a stimulant, a tonic, a diuretic, a diaphoretic, an emetic, a purgative, a promoter of metabolism, an antiseptic, and an antipyretic. He gives a very good condensed review of the history of hydrotherapy from Hippocrates to our times.

AN article on "The Management and Treatment of Typhoid" by Dr. J. P. Roach, of Bushnell, Illinois, as reported in the *Journal of the American Medical Association* for April 3, presents some new points of interest. His method of giving baths has for its object, not the reduction of temperature, but the lessening of the toxæmia caused by the disease. The treatment begins as soon as the diagnosis is made, with a catharsis for clearing the intestines of undigested food. After this, without regard to the patient's temperature, baths are given every two hours, from 7 A.M. to 9 P.M.—or 11 P.M., if there is much restlessness. Immediately preceding each bath, the patient is given from 4 to 8 ounces of water; and immediately after, from 2 to 6 ounces of milk, which he is required to sip slowly. The bath is given by means of two large bath towels, squeezed, not wrung, from water of about 60° tem-

perature, a little higher for women and children, or if indicated. The patient at first lies on the back, and the towels are laid over him so as to cover the entire upper surface of the body, remaining for three minutes. He is then turned, and they are applied to the back for the same length of time. The only contraindication to this treatment is severe hemorrhage. These baths have little or no effect on the temperature, but Dr. Roach says there is every evidence that they do eliminate the typhoid toxins. He has been using this method since 1898 with no mortality.

CURRENT LITERATURE OF INTEREST TO NURSES

Medical Record, March 6, "Prevention of Epidemics," Linnott; March 13, note on "Poisoning by Egg," Miller; March 27, "The Röntgen Ray and the Etiology of Cancer," Diffenbach. *New York Medical Journal*, March 6, "Alcohol, Physiological Action and Therapeutic Indications," Kemp; March 20, "Pathological Discovery and its Bearing upon Preventive Medicine," Adami. *New York State Journal of Medicine*, March, "Intramuscular Injections in Syphilis," Rederson. *Maryland Medical Journal*, March, "How the Public Can Help the Medical Profession to Fight Disease," Linthicum. *Yale Medical Journal*, March, "Why is Incipient Pulmonary Tuberculosis so Rarely Recognized?" Stoll. *Journal of the American Medical Association*, March 13, "The Unity of the Medical Sciences," Bristow; "Cancer of the Uterus," Moulton; "A Chapter in the History of Quackery," Walsh; "Ophthalmia Neonatorum and Its Prevention," Lewis, Harper, and Pease; editorials on "Lumbar Puncture," "Biting of Man by Rat Fleas," and "Report of the Homes Commission"; March 20, "A New Douche Pan," Walker; editorial on "School Diphtheria"; March 27, articles on human and bovine tuberculosis and family tuberculosis, Pottenger, Hess, Miller, and Woodruff; "Treatment of Varicose Ulcers by Leggings," Murphy; April 3, "Sanitation of the Tropics with Special Reference to Malaria and Yellow Fever," Gorgas; April 10, "The Suppression of a Cholera Epidemic in Manila," McLaughlin; "Ignorance or Malpractice?" Watkins (a protest against sending indigent tubercular patients away from home). *Nurses' Journal of the Pacific Coast*, April, "The Wreck of the *Æon*," Part 2, Campbell. *The Survey*, April 3, "Relief Work for the Messina Refugees in Syracuse," Davis. *The British Journal of Nursing*, April 3, "Postures in Transverse Presentation," M. O. H. *Charities*, February 27, "The State Hospitals for the Insane," Ferris. *McClure's*, April, "Conquering Spinal Meningitis," Hendrick. *The Outlook*, March 27, "The Greatest Disaster in History," Crawford; "The Doctor of the Labrador," Palmer.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

THE INTERNATIONAL COUNCIL AND CONGRESS IN LONDON

THE program is being satisfactorily completed, and we can give the following outline of it.

July 20, morning session, "An International Standard of Nursing Education" will be presented by Mrs. Robb and Sister Agnes Karll; in the afternoon, "The Nurse in Private Practice," by a physician, a nurse, and a member of the laity.

July 21, morning, "The Nurse as Citizen," Lady Helen Munro-Ferguson, Miss Nutting, and Mlle. Chaptal; afternoon, "Morality in Relation to Health," the Honorable Albina Brodrick and Miss Dock.

July 22, morning, "The Care of the Insane," Dr. Robert Jones, medical superintendent Claybury Asylum, and Miss Parsons; afternoon, "The Nurse as Patriot," by the Right Honorable R. B. Haldane, Secretary of State for War, Miss Elston, and Sister Agnes Karll.

July 23, "The Nurse in Mission Fields,"—one paper on "Preparation" by Miss Fox, England, and one on "Practical Sphere of Usefulness," in the morning, and in the afternoon, "The Relations of Nursing and Medicine," by Miss Mollett.

The papers will occupy from fifteen to twenty minutes, and discussion will be chiefly informal.

A small hall will be reserved for sections wishing to give time to special subjects, such as public school nursing, prison needs for nurses, etc.

An exhibit of nursing appliances is being organized. The Irish nurses will have a national exhibit, and the English nurses are arranging group exhibits, each taking some special section. Inventions or devices made by nurses are called for; American nurses are asked to send such exhibits, if possible, or at least photographs of inventions and devices. Associations are also asked to send publications, authors are invited to send books, etc. The promises of hospitality are, of course, as always, abundant and delightful. Mrs. Fenwick will entertain the presidents and official representatives of councils and delegates at luncheon on July 19 after executive meeting; Miss Stewart will receive all foreign nurses at St. Bartholomew's Hospital on one afternoon. The Lord Mayor and the Lady Mayoress of London have invited 600

members of the congress to a reception at the Mansion House on July 20, and Mrs. Whitelaw Reid, wife of the American ambassador, will receive at Dorchester House on one afternoon. The congress banquet will be held on Thursday evening and a visit is planned to the International Exhibition at Shepherd's Bush, with a picnic to Windsor on Saturday.

An inexpensive and pleasant hotel is the St. Ermions, next door to Caxton Hall. Further information as to hotels and boarding houses will be given in the June JOURNAL.

ITEMS

THE report of the Royal Commission on the Poor Laws and Relief of Distress that was presented to Parliament in February last is probably one of the most important human documents that the world has ever seen. That which lends a tragic significance to this exhaustive report is the fearful problem of poverty which grows more menacing daily. Nurses are especially interested in much of the report as regards the care of the sick poor whom they come to know especially in district nursing. A "District Nurse" writes in the *British Journal of Nursing*:

" . . . I am convinced that with a small allowance, and the help of a district nurse, many of the infirm might spend their days happily among their own people instead of being forced into isolation and uncongenial society in workhouse wards. I rejoice in the old-age pensions which have brought happiness and comparative comfort to many old people, and I am convinced that it would be most economical from the point of view of the State if many of the infirm had similar allowances, even those who have not reached the age qualifying them for a pension, and if district nurses were employed to look after them as paid servants of the State. There can be no comparison in the cost of allowing an invalid 5s. or even 7s. 6d. a week in his or her own home, and providing the services of a district nurse, who could care for many such invalids, and of maintaining the same person in a workhouse ward, when the upkeep of the building, the salaries of officials, and all the expense which seems inseparable from a municipal institution, are taken into consideration. Those who know the poor can have no doubt which is the more humane and acceptable method. If it is objected that the homes of the poor are insanitary, then they should be made wholesome. That is not a valid reason for driving the poor out of their homes, but for making those homes habitable."

FROM a line or two in the English journal we understand that nurses also come under the provisions of the new old-age pension legislation in Great Britain. How much more dignified and grateful to receive a recognition of service rendered by the State than to owe it to private initiative, however well-meant!

THE Nurses' Co-operation, New Cavendish Street, London, has developed a system of insurance against accidents and sickness which is very satisfactory to the members, each one of whom pays a small yearly contribution, to which the general funds of the Co-operation add a supplement. The nurses are much pleased with the arrangement. During sickness or lay-off from accident each member receives a certain weekly income.

OPPOSITION to the British nurses' registration act fostered by a Dr. Mackintosh, of Glasgow, is the same old story over again; an attempt under specious reasons on other lines to prevent nurses from attaining any share in the regulation and government of their profession. Fundamentally it is an attack on education, as, of course, the easiest way to maintain mastery over any self-supporting people is to control the way they are prepared for their work, for this means, pure and simple, control over the circumstances and environment in which they must live. We wish that every nurse could see that a sharp line must be drawn between the supremacy of the physician over the nurse in the sickroom and the care of the patient, and his control of her living conditions. The first is right, and is to be gladly acknowledged always. The last is wrong, and ought to be resisted with as much determination as we resist the unrighteous control of any other persons who attempt to shackle our ordinary human progress. Outside of the sickroom the physician has no more right than any one else has to decide the question of the human and ethical development of nurses. The physicians themselves are teaching the nurses this very rapidly, and we may depend upon our intrepid British sisters to defend their educational standards. While they do so, we must always gratefully recognize the help they are having from medical men of broad and liberal views, such as Dr. Angus Macphie, who, in the Glasgow press has defended "the only true test of efficiency,—examination by independent examiners."

AMERICANS who are in England this summer should go to visit the historic home of the Nursing Sisters founded by Mrs. Fry, at 4, Devonshire Square, Bishopsgate. There is a beautiful picture there which has recently been presented to the house, of Mrs. Fry visiting the prisoners.

SEVERAL nurses were among the recently imprisoned women who were sent to Holloway for political demonstrations. One of them, a certificated nurse from the London Hospital, has served two sentences. Some day the whole nursing profession will be as proud of these patriots as the world now is of Jeanne d'Arc, who has recently been sainted.

MRS. HUMPHRY WARD was badly defeated in a debate with Mrs. Fawcett, the ayes for the Parliamentary franchise being 235 and the nays 74.

ALTHOUGH the mistake about full suffrage for Sweden was a disappointment, yet certain advances have been made, namely, the women have now been made eligible for municipal councils, says *Jus Suffragii*; then, too, since our last issue the women of Denmark have gone forth in all their dignity to cast their ballots for town and county councils.

DISASTER AND EARTHQUAKE

"LET us now set aside all sentiment, and try to differentiate between the disaster as such and the earthquake itself," writes Mr. Frank A. Perret, formerly honorary assistant at Royal Vesuvian Observatory, concerning the Messina earthquake in the *April Century*. "Let us realize the fact that if the population of these cities had been ten times as large, the disaster would have been correspondingly greater, while the earthquake would have remained the same; and the still more interesting fact that if, instead of these rubble-built cities, a large army had been encamped on the spot, there would have been no disaster whatever, the earthquake still remaining the same. Years ago laws were passed prohibiting the erection of houses having more than two stories, but avarice led to the building of tall, flimsy structures which would accommodate many families, and bring the owners a goodly rental. And yet this was in a well-known seismic area, where quakes were of frequent occurrence, and a great one might be expected at any time."

LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

THE SUFFRAGE

I

DEAR EDITOR: I noted in the last JOURNAL a suggestion that the question of Suffrage would again be brought forward at the St. Paul meeting.

I must add my word of protest. I do not feel that any organization has a right to vote upon a question which is in no way related to its object, and which is absolutely one for the individual to decide.

Every nurse has the privilege of her own convictions and if as an individual she wishes to affiliate with the suffrage movement she can always do so through the various women's clubs which are agitating the question. Her attitude on the suffrage question has no bearing on her effectiveness as a nurse, and in no way tends to make her a good or poor member of the association.

Surely the attitude of the nurses at the State meeting in Buffalo was proof of their opinion where an organization was concerned, and yet there were many women in that gathering who are advocates of suffrage.

As organizations we have no part in it, and in looking over the constitution of the New York State Nurses' Association, I find that we were organized to uphold and further the profession of nursing.

I consider that a vote in favor of suffrage would be in direct opposition to our constitution and a crushing blow to the nursing profession.

Yours very truly,

MARION T. BROCKWAY, R.N.

II

DEAR EDITOR: I feel I must take this opportunity to enter my individual protest to the action taken by the national convention at San Francisco, and to the attitude taken by our nursing journal,—from which we have always expected a broad-minded and liberal stand on all subjects concerning the progress and advancement of the age in which we have the good fortune to live.

It is the general belief of the world at large that nurses, collectively, are the most narrow minded, self-satisfied and unprogressive of all classes of professional women. How lamentably has the convention at San Francisco justified and strengthened this impression! I, for one, should feel personally mortified and humiliated did I believe such action represented the opinions of the majority of the nursing profession.

But I do *not* believe so. Our delegates did not go instructed or otherwise prepared for such an issue.

To take the stand that such a vital question is "not a matter for consideration in such an assembly," "that the question of suffrage is none of our profession's business," is reasoning too weak for comment; in short, it is no reasoning at all.

But it is a deplorable lack of understanding of all that the great woman's movement stands for, and in just what ways the nursing profession is affected by it. For of all progressive movements now before the world there is none that touches more closely our profession than the one in question. In many reforms being brought about through the active efforts of women, the nurse stands out pre-eminently as the medium through which the desired results must be obtained.

In prison, almshouse, and hospital reforms, in the questions of hygiene and sanitation alive now in every progressive city, in the agitation of moral prophylaxis in our public schools and slums, along these and many similar lines, who can play a more important part than the nurse with the valuable technical knowledge of her training?

Surely she should walk hand in hand with the woman so valiantly struggling for the vote that is going to make, in fact is making, such reforms possible.

And so suffrage does not concern the nurse? What does concern her, I wonder? Let us reduce it to its simplest equation. The business of every nurse is to bring back the diseased and sick, as near as possible, to a state of health. I think we will agree to that. But upon what does a state of real health depend? Upon a healthy mind, body and soul; unto all three of which a true nurse must minister.

Healthy minds and souls depend largely upon existing social conditions, for which the intelligence of all men and women is responsible.

The faults of our social conditions account largely for the insane (or mentally sick) as well as for the morally diseased.

Who should be more closely in contact with either class than the trained nurse? Who could be of greater use or larger importance?

Is she then to concern herself with the effects only, and lose entire sight of the causes? No, to be part of the effective and active force her profession should play along these lines she must be intelligently concerned in all that it entails; in other words, she must be vitally interested in the re-enactment of present inadequate laws and the establishment of new and suitable ones to govern such conditions.

Upon what does the state of bodily health depend? Primarily upon good pure food, and water, fresh air, and sunshine. Simple things surely, and all things the good God intended us to have. But what proportion of the sick in this world have these things? Ask any nurse and she will be obliged to answer, the great majority have them not. And why? Because the world as regulated by men is not regulated fairly,—material things are not divided evenly, and it so happens that these simple necessities of health conditions are impossible for the poor to obtain.

Should the nursing profession not be interested in putting these same necessities within reach of all the sick and needy? Certainly we should be and are. But nothing will ever make such things possible except laws governing pure food, milk, ice, and water, laws governing all questions of hygiene and sanitation, laws which will insure healthy tenements, though the landlords' bank accounts be decreased thereby, and which will accordingly be fought as long as money and politicians are the law-makers; and, finally, laws restricting marriages between the physically unfit.

Are not nurses concerned with such legislation? Why, who more so, pray?

You who say not, speak falsely or misguidedly. We *are* concerned. By all our desire for the health and happiness of the world, by the great professional opportunity given us through the knowledge of our training to minister towards, and bring about all such conditions of health and happiness; by these great rights I say we are concerned.

How long would we have had to fight for registration, had women had the ballot? Does registration not concern us? Does the means of obtaining it not concern us? And what means more quick and sure than by the votes of women?

My friends, we have made a great mistake. Let us rise up then and blot out this disgrace of the San Francisco convention. Let us ask the great and good army of suffragists to forgive us, for we knew not what we did. Next year our delegates will go instructed, and next year when the vote comes up, the action of this last convention will be repudiated,—but excused. The vote will be overwhelmingly affirmative.

Respectfully,

M. E. McCALMONT, R.N.,
Superintendent Civil Hospital, Manila, P. I.

LOCAL ANTI-TUBERCULOSIS SOCIETIES

IN the *Public Health Bulletin* of Michigan, April-June, is a timely article by Dr. Herbert Maxon King of the Loomis Sanatorium, Liberty, N. Y., in which he hits several nails on the head.

“The first work of any newly formed organization should consist in arousing a real and lively interest in the subject on the part of the community as a whole. In the effort to awaken this necessary interest care must be exercised to present actual facts without undue exaggeration of the dangers of infection on the one hand and yet with emphasis upon the vital necessity of intelligent preventive measures on the other. In many communities the interest of the medical profession itself in the problems of tuberculosis is not what it should be and what it must needs be if an effective campaign is to be prosecuted. Where such a condition exists the first work of the local society must be directed towards awakening a keen interest in just this quarter. Where tuberculosis is very prevalent such missionary work is not at all likely to be required, but it is highly probable that even in sparsely settled districts the incidence of tuberculosis is more common and generally distributed than might be supposed, and it is in such communities, where the daily routine of the medical practitioner is arduous and time-consuming, that he is most likely, in the exigencies of his many calls, to slight the important work of detecting early tuberculosis and of assuming the somewhat thankless task of instituting rigid measures against its spread. Once the interest of the medical profession in any community is thoroughly aroused the education of the laity along the required lines almost necessarily follows.”

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

THE SUPERINTENDENTS' SOCIETY

THE SUPERINTENDENTS' SOCIETY will meet in St. Paul, Minnesota, on June 7 and 8, with headquarters at the Hotel Ryan. The program is not yet ready, but copies will be sent to the members before the meeting, as usual.

THE FEDERATION

PROGRAM FOR FEDERATION DAY, Minneapolis, Wednesday, June 9. "The Visiting Nurses' Need of Social Training," Abbie J. Peters, St. Paul, member of the staff of the Charity Organization. "Social Service Work for Nurses: its Extent, Future and Claims," Ida Cannon, Massachusetts General Hospital. "The Care of the Insane; its Outlook and New Fields," William L. Russell, Medical Inspector under the State Commission in Lunacy, New York. "Venereal Disease," Dr. Caroline Hedger (graduate of the Illinois Training School), Chicago. Prevention in the Care of Infants: "The Need of a Federal Children's Bureau," Lillian D. Wald, Nurses' Settlement, New York; "The Babies' Dispensary," Harriet Leet, Cleveland, Ohio; "The Problem of Blindness," Elizabeth Crowell, New York City; "Summer Work with Infants," Miss Gardner, Providence, R. I. Schools and Classes for Mothers.

THE NURSES' ASSOCIATED ALUMNÆ

THE twelfth annual meeting of the Nurses' Associated Alumnae of the United States will be held on June 10 and 11, in the First Baptist Church, corner Tenth Street and Harmon Place, Minneapolis, Minnesota.

Delegates should plan to reach Minneapolis by Monday evening, June 7, to take advantage of the open meetings of the Society of Superintendents of Training Schools on June 8, and the Federation of Nurses on June 9.

Associations sending more than one delegate each year are requested to return at least *one* former delegate, thus insuring greater familiarity with topics under discussion, and in order to represent their association in a more intelligent way.

Registration

On Wednesday, June 9, from 8.30 to 9.30 A.M., the secretary and treasurer will be found in one of the parlors of the West Hotel, to receive dues and register delegates, permanent members, and visitors.

On Thursday, June 10, from 8.30 to 9.30 A.M., the presentation of credentials and payment of dues will be received at the First Baptist Church.

The first meeting of the Associated Alumnae will be held on Thursday, June 10, at 9.30 A.M., and every delegate should be present to respond for her association.

Each delegate should go prepared to discuss the question of reorganization and changes in the by-laws, or the possibility of transacting our business through the American Federation of Nurses, in which we are already associated with the Superintendents' Society, also to tell what her association is doing along the

lines of public health, tuberculosis problem, supplying nurses for the people of moderate means, and central directories.

Dues

The dues for state, county and city associations are five dollars each. The dues for alumnae associations are ten cents per capita.

Delegates should carry with them checks or New York drafts for the amount of their associations' dues, made payable to Anna Davids, treasurer. No association which is behind in its dues is entitled to send a delegate.

Associations that are not sending any delegates this year should pay their dues by mail, addressing them to Miss Anna Davids, Charleston General Hospital, Charleston, West Virginia.

Delegates' Cards

A delegate's card, which is its credential, has been sent to each affiliated association. No other kind of credential will be accepted. This card should be carefully filled out, signed with the secretary's name and address, and taken by the delegate to the convention.

Each alumnae association holding a membership in the National Association has the privilege of sending one delegate for every fifty of its members, and one delegate for every additional fraction of more than half that number.

Each state, county and city association affiliated is entitled to *one* delegate only.

Proxies

A delegate who is both a member of a state and alumnae association may act as delegate for both and cast the votes for both, but no alumnae may send a proxy by a delegate of another alumnae association.

Hotel Accommodations

The West Hotel, Hennepin Avenue and Fifth Street, Minneapolis, has been selected as headquarters for the Associated Alumnae, and most reasonable rates have been secured. European plan, single rooms \$1.50 per day and upward. With bath, \$2 and upward. One room with double bed to accommodate two persons, \$1 per day and upward. Further information regarding accommodations may be obtained from Dr. Marion Mead, 1502 3rd Avenue South, Minneapolis, Minnesota.

Railroad Arrangements

The "official train" from the east will be the "Black Diamond" on the Lehigh Valley R. R., leaving New York at 11.55 A.M., June 5, arriving in Chicago the following day at 2.15 P.M.; from Chicago via the Chicago, Milwaukee and St. Paul R. R. at 6.30 P.M., June 6, arriving at Minneapolis at 8 A.M., June 7. Rates were published in April number of the AMERICAN JOURNAL OF NURSING. One dollar (\$1.00) excess fare is charged on the "Black Diamond."

Names and addresses of agents of Lehigh Valley Road to which delegates can write for further information are: A. J. Simmons, 1460 Broadway, New York City; G. G. Noble, 900 Chestnut St., Philadelphia, Pa.; Geo. W. Hay, South Bethlehem, Pa.; Geo. Heller, Wilkes-Barre, Pa.; P. S. Millspaugh, Ithaca, N. Y.; Geo. H. Harris, 67 Main St., Rochester, N. Y.; W. B. Wheeler, 369 Main St., Buffalo, N. Y.

Further information via Chicago, Milwaukee and St. Paul R. R. will be furnished upon application to John B. Linsley, 212 Majestic Building, Detroit, Michigan, and C. M. Souther, 95 Adams St., Chicago, Illinois.

The round trip rate, New York to Seattle, on account of the Exposition, will be \$92 via Pennsylvania or New York Central, and \$87.50 via any other line. Tickets will be on sale May 20 to September 30 and will bear final limit of October 31, allowing stop-over at any point west of Chicago and at several points between New York and Chicago. This is for the information of those wishing to avail themselves of a trip to the Pacific Coast.

Program (Condensed for Publication)

Tuesday, June 8, 7 P.M. Board of Directors' meeting, West Hotel, Minneapolis.

Wednesday, June 9, 8.30 A.M. Presentation of credentials and payment of dues at West Hotel.

Thursday, June 10, 8.30 A.M. Presentation of credentials and payment of dues, First Baptist Church.

9.30 A.M. Roll call, with reports of officers and committees.

Address of the President.

Paper: "Hospital Economics Course, the Work of its Graduates," Mathilde Krueger, Detroit.

Discussion, opened by Helen Kelly, Wauwatosa, Wisconsin.

Paper: "The Nurse as an Anæsthetist," Florence Henderson, Rochester, Minnesota.

Discussion opened by Agatha Hodgins, Cleveland, Ohio.

Miscellaneous business.

Polls open for the election of officers at 10 A.M.

Session on State Work.

Report of Inter-state Secretary, Sarah E. Sly.

Paper: "State Societies, their Organization and Place in Nursing Education," by Sophia F. Palmer, R.N., Rochester, N. Y.

Discussion opened by Genevieve Cooke, Oakland, California.

Paper: "What State Supervision has done for Training Schools," Anna L. Alline, R.N., Albany, N. Y.

Board of Examiners' Conference.

Reports from different Boards of Examiners.

"Reciprocity," by Isabel McIsaac, Benton Harbor, Mich.

Following this session the nurses will go to Minnehaha Falls for a picnic lunch.

Friday, June 11, 9.30 A.M.

New business.

Informal discussion.

Paper: "Aspects of the Tuberculosis Problem," E. M. Courrier, Oakland, Cal.

Discussion opened by Ellen N. LaMotte, Baltimore, Md.

Paper: "Postoperative Care without Drugs," Charlotte Dancy, Battle Creek, Mich.

Discussion opened by Mrs. Frederick Tice, Chicago, Ill.

Paper: "The Limitations of the Nursing Profession," Mrs. E. Baldwin Lockwood, Granby, Conn.

Friday, 2 P.M.

Unfinished business.

Paper: "District Nursing and How to Organize," M. E. Lent, Baltimore, Md.

Paper: "Supplying Skilled Nursing for People of Moderate Means," Lina Lightbourn, R.N., Syracuse, N. Y.

Discussion opened by Mrs. E. W. Stuhr, Minneapolis, Minn.

Paper: "Central Directories and Club-houses," Linna G. Richardson, Portland, Oregon.

Report of election.

Introduction of new officers.

Adjournment.

Polls close at 2.30 P.M.

AGNES G. DEANS, of Detroit, Michigan, has been appointed to take the place of Sarah E. Sly, secretary of the Associated Alumnæ, at the Minneapolis meeting, as Miss Sly is unable to attend the convention on account of ill health. Miss Deans has been assisting Miss Sly during the year and is in close touch with the work.

CHANGES IN THE NURSE CORPS OF THE UNITED STATES NAVY

NEW APPOINTMENTS.—Baumhoff, Isabelle M., graduate of St. Luke's Hospital, St. Louis, Mo. In charge of operating room for two years.

Gorman, Margaret E., graduate of Lynn Hospital, Lynn, Mass.

Humphrey, Mary H., graduate of Palmer Hospital, Janesville, Wis., post-graduate Bellevue and Allied Hospitals; Isthmian Canal Hospital Service for two years, late superintendent Madison Hospital, Madison, Wis.

James, Esther Le C., graduate of Telfair Hospital, Savannah, Georgia.

Jefferson, Evelyn W., graduate of Hamilton Hospital, Ontario, post-graduate Bellevue and Allied Hospitals and Emergency Hospital, Washington, D. C., late superintendent of the Instructive Visiting Nurses' Association of Washington, D. C.

Kennedy, Emily, graduate of Hospital of The Good Shepherd, Syracuse, N. Y., three years' service in Army Nurse Corps.

Mayer, Betty W., Garfield Memorial Hospital, Washington, D. C., post-graduate Boston Floating Hospital.

Scudder, Rita Lord, graduate of St. Luke's Hospital, South Bethlehem, Pa., for some time in charge of operating room in same hospital.

Swan, Ethel R., St. Luke's Hospital, St. Paul, Minn., late head nurse and matron of the Iowa State Sanatorium for Incipient Tuberculosis.

The above nurses have all been assigned to duty at the Naval Medical School Hospital, Washington, D. C.

PROMOTIONS.—Naval Nurse Clare L. De Ceu, to the position of Chief Nurse, promotion to date from March 16, 1909.

TRANSFERS.—Chief Nurse Victoria White, from Naval Medical School Hospital, Washington, D. C., to Naval Hospital, Brooklyn, N. Y., February 25, 1909.

Naval Nurses J. Beatrice Bowman, Mary H. Du Bose, M. Estelle Hine, Della V. Knight, and Isabelle R. Roy, from Naval Medical School Hospital, Washington, D. C., to Naval Hospital, Brooklyn, N. Y., March 15, 1909.

Clare L. De Ceu, Chief Nurse, and Naval Nurses Margaret D. Murray, Ethel R. Parsons, and Ada M. Pendleton from Naval Medical School Hospital, Washington, D. C., to Naval Hospital, Annapolis, Md., March 31, 1909.

NEW HAMPSHIRE

Manchester.—THE ELIOT HOSPITAL, on April 10, formally opened its new nurses' home, called the Emily E. Smith Home, for the donor, and after the pleasant afternoon reception the nurses took possession of their quarters so as

to awaken in their new rooms on Easter morning. Miss Robertson, superintendent of nurses, aided by her pupils, graduates, and some of the interested trustees, received the many guests and took them about the building. The home has a most beautiful view which will be an inspiration to its occupants, and it is most attractive in its finish and furnishings. There are twenty-one rooms for nurses, and each of the three floors has two bath rooms, linen closets, etc. Each nurse's room has furniture of a green shade, a writing desk, and rugs. Miss Smith, the donor, was unable to be present at the opening of the home on account of an accident received a year ago.

MASSACHUSETTS

Boston.—PAULINE L. DOLLIVER has resigned the position of superintendent of the training school of the Massachusetts General Hospital, to take effect July 1. Miss Dolliver has held this position for ten years, during which time the school has been placed upon a much higher plane educationally. She has no plans for the future and the appointment of her successor has not yet been made.

Worcester.—THE WORCESTER CITY HOSPITAL ALUMNÆ ASSOCIATION elected officers the first of the year as follows: president, Mrs. Frank Stowell; vice-president, Mrs. Simeon Smythe; secretary and treasurer, Mrs. Frank Martin.

New Bedford.—MRS. L. F. LOWRY, for nearly eight years assistant superintendent of St. Luke's Hospital and Training School, resigned January 15 to accept the position of superintendent of the Malden Hospital, Malden. Edna Earle Stimpson has returned to St. Luke's as anæsthetist after serving for two years as head nurse of the general operating room of the Hartford Hospital.

RHODE ISLAND

THE RHODE ISLAND ASSOCIATION OF GRADUATE NURSES, at its last annual meeting, March 3, elected Rhoda G. Packard, a graduate of Johns Hopkins, as corresponding secretary for the coming year.

NEW YORK

New York.—THE ROOSEVELT HOSPITAL GRADUATING CLASS gave a "demonstration" in the Syms Amphitheatre on April 2, which was very interesting and perfectly presented; the program included: foot baths in bed; improvised back rest and feet support; Fowler's position for postoperative cases; methods of restraint and applying ice-cap; hot-air apparatus for extensive burns; anterior pack; turning mattress; washing the hair.

An admirable contrivance for supporting a patient and preventing slipping down in the bed was shown: A piece of board, about twenty-four inches long, nine inches wide, and thick enough to withstand strain, with a strong brass ring attached at each end, is well padded with curled hair, covered with rubber sheeting, and fitted with a linen case which buttons at one end; this is placed under the buttocks of a patient and held in position by a three-inch band of webbing, which is passed through one ring, carried up and around the top of the bed down and through the other ring, fastening at the lower side of the pillow.

AT ROOSEVELT HOSPITAL experiments in the treatment of rheumatism with the sting of a bee are being carried on. While it is too early to make any definite announcement for the treatment, the results thus far warrant the following of this good old New England remedy for rheumatism, scientifically

applied, with interest; the method pursued is to place several bees in a glass tube and apply over the affected joint, made surgically clean; the number of bees to be increased as the system becomes accustomed to the formic acid, the active principle.

THE NEW YORK COUNTY NURSES' ASSOCIATION, at a meeting held in the Academy of Medicine on April 6, took up the questions of a central directory. Papers upon the subject were presented by Miss Delano and Miss Burgess, and a committee was appointed to consider the advisability and practicability of forming a co-operative registry to be under the control of the county association. The excursions made by the members included, during April, visits to the laboratories of two milk plants. During May, the immigrant station on Ellis Island, the State Hospital for the Insane on Ward's Island, and the plant of a canning company will be visited.

THE LEBANON HOSPITAL TRAINING SCHOOL held its graduating exercises in the nurses' home on the evening of February 17. The usual addresses and presentations by various members of the Board were made. The Jonas Weil awards were presented to Misses Kuhn, Reilly, and Doyle. A reception and dance followed the exercises. The graduates were the Misses Gillam, Fox, O'Shea, Epstein, Doyle, Esterbrook, Reilly, Kuhn, Steinholtz, Nathan, Poritsky, Cuneo, Sarason, Saxlund.

THE LEBANON HOSPITAL ALUMNÆ ASSOCIATION continues to hold its meetings on the second Tuesday of each month, but the hour has been changed to 8 P.M. so that the social hour may be spent to better advantage. At the February meeting there was a good attendance and plans for a euchre were formed. Miss Dalton and Miss Clancy are recuperating from operations.

THE PRESBYTERIAN HOSPITAL issues its fortieth annual report for the year ending September, 1908. The story of its social service and visiting nurse work is told largely and most convincingly by illustrations. The Presbyterian Hospital was one of the pioneers in this branch of broader medical and nursing work.

THE NURSES WHO WERE IN PANAMA during those trying days of the beginning of the work there, were paid a fine tribute by Mr. John Barrett, Director of the International Bureau of American Republics, in an address delivered before the National Society of Patriotic Women of America.

THE RED CROSS DAY CAMP, located on the roof of the Vanderbilt Clinic, is open from nine until five daily. On an average there are about thirty patients, men, women, and children, taking the treatment; the men occupying themselves with papers, magazines, and games; the women and children industriously engaged with raffia, crochet, knitting, etc. For those who wish to rest quietly, there is the view of the southwestern sky, always beautiful yet perhaps seen now for the first time, the view up the river, and the life on the river. Members of the Clinic Auxiliary come in frequently to read to the patients, and a "phonographic" concert is occasionally given. Thus with calls at stated intervals, at the windows of the diet kitchen, located in the centre of the camp, for milk, eggs, etc., the day passes quickly.

THE VANDERBILT CLINIC has recently opened a mechanotherapy room, which is probably one of the most completely equipped in the world, embracing as it does over thirty machines. Mrs. Samuel Matshap is the donor of the equipment.

THE BUREAU OF CHILD HYGIENE of the Department of Health on April 15 started on its campaign for robbing the summer of its terrors for mothers and babies. At the Conference on the Summer Care of Babies, held during the first

week in April, and having representatives from all the public and private agencies engaged in work along these lines, it was shown that it is in the early part of the summer the greatest number of babies succumb, the relief work heretofore having come too late; hence the decision to begin April 15 with almost double the staff of doctors and nurses of last summer. One new feature of the work will be the sending of a nurse, upon the receipt of a birth certificate, to visit the home and give care and instruction for the general welfare of mother and child. A large percentage of the birth certificates are signed by midwives, and the attention of the corps will be directed to those cases first.

THE AMERICAN SOCIETY OF SANITARY AND MORAL PROPHYLAXIS, at its meeting held on April 8, confined its deliberations, aside from the regular business, to "Blindness of the New-born, and its Prophylaxis;" able papers were given by Dr. Charles Stedman Bull, "From the Standpoint of the Eye Specialist;" Dr. Jas. Clifton Edgar, "From the Standpoint of the Obstetrician;" Dr. Wm. E. Studdiford, "From the Standpoint of the Sanitary Officials;" and Dr. Prince A. Morrow, "Prophylaxis through Education of the Public." The discussion was opened by Dr. Wm. M. Polk, who paid a glowing tribute to Dr. Prince A. Morrow, the chairman of the society, saying that, "to Dr. Morrow must belong all the credit of whatever results be obtained;" and, to those who have followed Dr. Morrow's years of work, it will seem but just that this recognition be given. Dr. Polk emphasized the value of educational propaganda and the importance of personal moral cleanliness on the part of the individual, as everyone is brought into contact with these cases. Mr. George A. Hubbell, of the New York Association for the Blind, told of the methods and work of his society, and particularly, of that of the special committee on the prevention of blindness, which is striving, through the dissemination of literature upon the subject, lectures, and the newspapers, to acquaint the people generally with the deplorable magnitude of the trouble, and to demonstrate to them how easily it might be remedied.

MARY A. S. SAMUEL, R.N., has resigned from her position as superintendent of the training school for nurses at the Roosevelt Hospital. Miss Samuel is a graduate of the New York Hospital, and has been in charge of the Roosevelt school almost since its beginning.

LAVINIA L. DOCK, R.N., has spent much time during the winter in equal suffrage propaganda, having spoken before twenty-three different women's organizations, many of them being composed of nurses, beside writing numerous letters and articles on the subject.

Brooklyn.—ELIZABETH BURDICK, R.N., has accepted the position of night supervisor of nurses at the Long Island College Hospital.

Tompkinsville, Staten Island.—THE S. R. SMITH INFIRMARY held on April 16, at the Farrar Home, the graduating exercises of the class of 1909, followed by a reception. The graduates were the Misses Waugh, Knowles, Bender, Marvel, Powers, Magee, Bendwig, Hamilton, Greene.

NANCY E. CADMUS, R.N., has resigned the position as superintendent of the S. R. Smith Infirmary to take effect June 1. Miss Cadmus has been in charge of this hospital for a number of years and during a period of very difficult reconstruction and development. She is to be succeeded by a man. Miss Cadmus will sail for Europe on July 3 for a somewhat extended trip.

Hartsdale.—THE CAROLINE REST for convalescing mothers with infants is opening a new building which was made possible by the generosity of Mr. George H. F. Schrader.

Cohoes.—THE HUDSON VALLEY ASSOCIATION FOR TRAINING-SCHOOL PROGRESS held its regular meeting at the Cohoes Hospital, on March 13, Mrs. E. Alvis presiding. The meeting was well attended, eighteen hospitals being represented. Miss Carpenter gave a short review of the Pope and Carpenter Dietetics. Her talk impressed her hearers with the importance of having a well-equipped diet kitchen, as this facilitates the work of both teacher and pupil. The value of diet in the treatment of disease is more and more recognized, and every nurse should have a fair knowledge of the food principles and their application. The value of a resident dietitian to the hospital and the training school was also brought out. The twenty-four-hour course in dietetics to which so many hospitals must resort cannot give the thorough training the subject requires. Miss King, of Albany, gave a short talk on the value of the dietitian in the hospital and showed the economy of having a resident dietitian who could overlook the work in the diet kitchens and serving rooms, plan the meals, do the marketing, and teach the nurses. The constant waste in most hospital kitchens can no doubt be greatly reduced where a well-trained, competent dietitian is in charge of this department. Miss Alline spoke of the importance of having the course in physiology thoroughly cover the process of digestion of the different food classes. This should be taught in the second year. During the third year a more advanced course should be given and the senior nurses could then overlook the work in the diet kitchen. The study of dietetics is of greater importance to the nurse than the study of medicine. The doctor orders the medication, but he will often leave the food question to the nurse. A short discussion on the new syllabus followed, and Miss Alline spoke of the necessity of arranging the lecture course so as to cover the course as now laid down. Each training-school superintendent gave a short history of the school and hospital she represented. The meeting was very much enjoyed. Delicious refreshments were provided. A social hour followed. The meeting adjourned to meet May 8 in Troy, Miss Arnold to preside at the meeting and provide the program.

Schenectady.—THE REGISTERED NURSES' CLUB held its regular meeting at the Physicians' Hospital nurses' home. A very interesting paper was read on tuberculosis by Katherine B. Whitmore, R.N., the nurse in charge of the Tuberculosis Dispensary which is under the Department of Health and considered one of the finest in the State. Anna B. Alline, R.N., State Inspector of Training Schools, lectured on April 12 before the Woman's Club at Silburn's Hall, Union College, on "The Need of a District Nurse."

Rochester.—THE MONROE COUNTY ASSOCIATION OF REGISTERED NURSES at its annual meeting in April elected as president Mary E. May, R.N., superintendent of nurses at the State Hospital, and as secretary, Miss E. A. Smith, R.N., assistant superintendent of nurses at the City Hospital.

NEW JERSEY

Orange.—THE ORANGE TRAINING-SCHOOL ALUMNÆ ASSOCIATION held its regular meeting at the home of Miss Curry on March 17. Twenty-three members were present, and eleven new names were proposed. Margaret Squier was elected delegate to the Associated Alumnae, with Jean Creveling as alternate.

PENNSYLVANIA

Philadelphia.—THE PROTESTANT EPISCOPAL HOSPITAL NURSES' ALUMNÆ ASSOCIATION held a meeting in the nurses' home on April 6. The Nominating

Committee was appointed by the president. Annie C. Nedwill was elected delegate to the National Associated Alumnae Convention, to be held in Minneapolis in June, with Elizabeth Hanson as first alternate, and Mary J. Hill as second alternate. After the meeting adjourned, refreshments were served, and a social half hour was enjoyed.

Meadville.—THE MEADVILLE CITY HOSPITAL ALUMNAE ASSOCIATION has recently been organized with Mrs. Ray Jacobs as president, and Mary Vetch as secretary. On April 8 an enjoyable social meeting was held.

MARY SPEARS, a recent graduate of the University of Pennsylvania Hospital, is meeting with success as assistant superintendent of the City Hospital.

DISTRICT OF COLUMBIA

Washington.—THE PROCEEDINGS OF THE CONFERENCE ON THE CARE OF DEPENDENT CHILDREN, held on January 25 and 26, at which many prominent people spoke, including Miss Addams, Miss Wald, and Judge Lindsey, is now published and may be had from the Government Printing Office.

MARYLAND

THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold its next examination for state registration June 8, 9, 10, and 11, 1909. All applications should be filed with the secretary before May 25. Applicants will be notified as to time and place.

27 North Carey St., Baltimore, Md.

MARY C. PACKARD, R.N., Secretary.

VIRGINIA

Norfolk.—THE NORFOLK ASSOCIATION OF NURSES extends to the members of the Virginia State Association, who are to be entertained by the Norfolk nurses in June, a cordial invitation to be present and help to make this convention an enthusiastic one, and it asks all those who expect to attend or any who desire information to communicate as soon as possible with any one of the following: Ethel Smith, superintendent Norfolk Protestant Hospital; M. A. Newton, superintendent Sarah Leigh Hospital; Miss Eakins, superintendent St. Christopher's Hospital; Miss Nason, 333 Monticello Avenue; Mrs. Warren Thompson, 402 South Park Avenue; Julia Mellichamp, 39 West Redgate Avenue.

JULIA MELLICHAMP, R.N.

Chairman Committee on Arrangements.

THE SARAH LEIGH HOSPITAL ALUMNAE ASSOCIATION was organized on March 15 with the following officers: president, Julia Mellichamp, R.N.; vice-presidents, Edda Cole and Ruby Nichols; secretary, Mrs. M. B. Waldron; treasurer, Lily Balderson.

WEST VIRGINIA

Huntington.—THE WEST VIRGINIA HOSPITAL AND TRAINING SCHOOL ASSOCIATION was organized at a meeting held on March 22 at the Kessler Hospital. This association is to include all hospital officers, not only superintendents and head nurses, in order that there may be a better understanding and more hearty co-operation among hospital workers. Temporary officers were elected to serve until the first annual meeting in April. The temporary president was Mrs. Lounsbury of Charleston, and the secretary, Miss Simmons of Huntington. An interesting paper was read by Miss Echols of Greenbrier Hospital, Ronceverte.

KENTUCKY

Louisville.—THE SUPERINTENDENTS' CLUB, which was organized in November, 1907, continues to meet the first Saturday of every month. The April meeting was held with Miss Gillette at the Norton Infirmary.

THE NURSES' CENTRAL DIRECTORY, which began business on May 1, 1908, is a great success. New members are being added constantly. The Jefferson County Graduate Nurses' Club is to be congratulated on securing the valuable services of Katherine O'Conner as registrar.

THE NORTON INFIRMARY ALUMNÆ ASSOCIATION had a weighing party in the nurses' home on February 20. The tax of a penny a pound, which was paid so promptly and willingly, enables the delegate, Ella Francis, to attend the Associated Alumnæ meeting at Minneapolis. One hundred and seventy-five pounds drew the prize for the heaviest. It was gratifying to learn that six members expect to attend the national convention. On April 1 the alumnæ entertained the graduating class by a reception and buffet luncheon, with harp music, at the nurses' home. The members of the class wore their graduating uniforms with a bow of the school color on the left shoulder. Buffet lunch was served, and the April fool favors were very attractive in their white tissue paper packages tied with red ribbon and small red roses, but when opened were found to contain all sorts of jokes. The toasts were: "Our Alumnæ," Miss Gillette; "Class History," Lucy Randal; "Class Poem," Elsie Hughes; "Class Prophecy," Rosa Wright. It was rather sad when Professor Gerardi played "Home, Sweet Home" on his beautiful harp, for this was the last meeting of the class of 1909 as pupil nurses. Miss Hughes went on her first private duty case the next morning.

HALLIE MOSBY, who is teaching (and practising) the theories and principles of nursing at the Women's Missionary Training School, is well pleased with the progress of her work. Julia Watts has given up her profession to try matrimony. She was married in Danville, in April. Katherine Dear has given up her profession, it is hoped only temporarily, and is studying stenography.

SOUTH CAROLINA

Columbia.—THE GRADUATE NURSES' ASSOCIATION at its January meeting elected the following officers: president, Nina Seay; vice-president, Mrs. Harry Griffin; secretary and treasurer, Georgia E. Wilson. The association hopes to keep alive an interest in work for State registration.

GEORGIA

Savannah.—THE GRADUATE NURSES' ASSOCIATION OF SAVANNAH held its monthly meeting on March 27. Two new members were admitted, and a delegate was appointed to the Georgia State Association's meeting. Dr. Ernest Cross gave a talk on "The Nursing of Nervous Diseases." The afternoon ended with an informal social time. The officers of the association are: president, E. M. Johnstone; vice-president, Elizabeth Thomas; secretary, Mabel Jones; treasurer, Agnes Dugan.

ALABAMA

Birmingham.—THE BIRMINGHAM GRADUATE NURSES' ASSOCIATION, at its annual meeting held in March at the Hillman Hospital, elected Lemoyne Phares, president; Frances Zinkan, first vice-president; Louise Hawley, second vice-president; and Mary Josephine Allen, corresponding secretary. Helen Maclean was re-elected recording and financial secretary. The following committees were

appointed: Membership: Misses Taylor, Denny, and Barry. Ways and Means: Misses Tait, De Shazo, and Lipscomb. Sick Visiting: Misses Coffin, Bell, and Hale. Miss Phares, Miss Denny, Miss Ella Smith and Miss Barry have kindly volunteered to entertain the association at its quarterly social meetings during 1909. Helen Maclean served refreshments at the close of the meeting. The association now numbers sixty-three active members, and all applicants for membership are requested to communicate with the secretary, Helen Maclean, Hillman Hospital. At the meeting held on April 7, the members met with Miss Kee and Miss Barry, at the residence of the latter. After the usual business, refreshments were served and a paper written by Mary J. Allen was read by Helen Maclean. This was followed by a display of simple and artistic designs in kindergarten work for the instruction of nurses in the entertainment of convalescent children, given by Miss Barry who has taken a kindergarten course. This meeting was largely attended, over thirty being present.

FLORIDA

Jacksonville.—THE DESOTO SANATORIUM graduated its first class of nurses on February 24. The exercises were held at the Woman's Club, the program including addresses by Dr. J. F. McKinstrey, Jr., and Colonel W. M. Toomer. The evening closed with an informal reception. The nurses receiving diplomas were Misses Montréville, Odiorne, and Roach. The DeSoto Sanatorium Training School for Nurses offers a three-year course in medical, surgical, gynecological, and obstetrical nursing, with massage and dietetics. The superintendent is Ethel P. Clarke, R.N., University Hospital, Baltimore, Md., and she has as her assistant Mary B. Phelan, a graduate of the Francis Xavier Infirmary, Charleston, South Carolina. The DeSoto occupies a unique position in Florida, it being the largest private hospital in the state, where hospitals are few. It is thoroughly modern and well equipped. The graduation of its first class is an event of interest and marks a distinctly upward step in the nursing profession in Florida, where the work is largely in the formative stage.

LOUISIANA

New Orleans.—THE LOUISIANA STATE NURSES' ASSOCIATION held its fifth annual meeting on February 25, at the residence of Lillian Hewitt; the usual place of meeting, the New Orleans College of Dentistry, having been destroyed by fire during the past winter. The meeting was well attended and thoroughly enjoyed by all present. Officers for the ensuing year were elected as follows: president, Katherine Dent, New Orleans Sanitarium; vice-presidents, Lillian Hewitt, Charity Hospital, and Minnie Mims, New Orleans Sanitarium; secretary, Rosa Fitchett, New Orleans Sanitarium; treasurer, Mary Seddon, Charity Hospital. Refreshments were served after the meeting.

OHIO

Cincinnati.—THE JEWISH HOSPITAL ALUMNÆ ASSOCIATION held its regular meeting on April 2, in the directors' room of the hospital, with the corresponding secretary in the chair. A large number of members responded to roll call. After disposing of other business, attention was turned to the candidacy of Mary Elizabeth Petering for participation in the European trip furnished by the *Commercial Tribune*.

In view of the fact that Miss Petering is treasurer of the Graduate Nurses'

Association of Cincinnati, and superintendent of the Home of the Friendless, two subscriptions to the paper were secured, giving the candidate 450 votes. Hortense B. Rose presented an instructive paper on "Institutional Work." Florence Williams read some extracts and recipes from an old medical work, which proved very interesting. Miss Hunt, a member of the Alumnae Association, sent a descriptive and entertaining letter from Rome. Ernestine Mielziner wound up the afternoon's program with a reading from the AMERICAN JOURNAL OF NURSING, which brought forth a request from one of the members for a subscription blank to the aforesaid journal. A number of blanks were distributed also at the March meeting.

Toledo.—THE TOLEDO GRADUATE NURSES' ASSOCIATION held an unusually interesting meeting in March in the committee rooms of the Ohio Building. In compliance with Miss Dock's request, a committee had arranged for an instructive talk on suffrage, and were fortunate in securing Mrs. Lucia Harmon, one of Toledo's most prominent club women, who, in a pleasing and convincing manner, gave an account of the history and growth of suffrage. She told of the many ways in which both men and women are handicapped through inequality of the ballot, and thought there was need of more of the feminine element in public governmental affairs. She spoke of the law which prevents women serving on boards of inspectors for girls' reformatories. The association has recently become affiliated with the City Federation of Women's Clubs and hopes to be better equipped to do some active philanthropic work as well as to be greatly benefited through association with so large and enthusiastic a body of women. The association was called upon to take charge of one of the booths at the recent Tuberculosis Exhibit. The Graduate Nurses' Association extends a cordial invitation to all graduate nurses in or near Toledo to become members and attend its meetings. The annual meeting with election of officers occurs on May 25. The corresponding secretary is Isabel Harroun, 1711 Cherry Street.

Canton.—CORA B. RACKLE has resigned her position as visiting nurse for the Children's Aid Society, to take effect August 1. Miss Rackle inaugurated the visiting nurse work at Canton and has held the position for three years. She will go to Boston to enter the School for Social Workers in the fall.

Cleveland.—THE VISITING NURSE ASSOCIATION issues its seventh annual report and makes it also the first number of the *Visiting Nurse Quarterly* of Cleveland, whose aim will be to keep those who contribute to the work in closer touch with its interesting details. The staff of nurses now numbers twenty-eight, eight having been added this last year. Of this number, two are acting as school nurses and two are working under the Board of Health. A more complete system of record keeping has been established.

MICHIGAN

Kalamazoo.—THE GRADUATE NURSES' ASSOCIATION elected officers on February 24 as follows: president, Amy E. Hagger; vice-president, Minnie L. Johnstone; secretary and treasurer, Effie C. Pierce, 109 West Lovel Street; censors, Lulu Robinson, Mable Rose. The annual banquet of the association was held on March 4, at the Burdick House. Amy E. Hagger acted as toastmistress, and the following toasts were responded to: "Our Association," Julia Redmond; "Pioneer Nursing," Mary J. Lovejoy; "Michigan State Nurses' Association of 1909," Effie C. Pierce; "Opportunity," Edith Pond; "Our Patients," M. Shields; "Absent Members," L. Robinson; "The Human Machine," Amy E. Hagger. There

were present as guests: Miss Goodenow, superintendent of Bronson Hospital; Miss McClure, visiting nurse; Miss Saxton, of Los Angeles; Miss Albertson, of Williamsport, Pennsylvania; Miss Roberts, of Montana.

MINNESOTA

Minneapolis.—THE MINNESOTA STATE GRADUATE NURSES' ASSOCIATION held its semi-annual meeting April 13, at Pillsbury Settlement House. Following the business meeting, Dr. R. O. Beard of the University faculty gave a very interesting talk on the subject of the nurses' training school just started in connection with the new University Hospital.

THE HENNEPIN COUNTY GRADUATE NURSES' ASSOCIATION held a regular business meeting April 14th, at the Nurses' Club. Discussion of convention topics prevailed.

BERTHA ERDMANN has been elected superintendent of the nurses' training school in the University Hospital. Louise Lineau, a recent graduate from Northwestern Hospital, has accepted a position in the hospital.

ILLINOIS

Chicago.—MISS HAY AND MISS McCUNE, Illinois Training School, have given a course of twelve demonstrations on home nursing to the students of the University of Illinois at Champaign. Janet A. Topping, class of 1883, has opened a "sanitary shop" in The Rockery where she does manicuring and chiropody, using aseptic methods. Marion Prentiss, class of 1897, has been giving a course in home nursing at the School of Domestic Science. Carrie Lindholm has taken up fruit growing at Grant's Pass, Oregon. Miss Ormsby has a position at Hunter's, Hot Springs, Montana. Jane Stoker, class of 1895, has returned to Pasadena. Mrs. C. D. Westcott, class of 1888, is spending several months in California. Augusta Potter, class of 1900, has resigned her position at Morenci, Arizona, to be married, and is succeeded by Isabella Law, class of 1904. Mrs. Nellie McMillan, class of 1901, is travelling in Honolulu and Japan. Edith L. Muhs, class of 1903, has resigned as assistant superintendent of the training school, and is succeeded by Anne Williamson, class of 1901. Sarah M. Dick, class of 1895, has accepted the position of superintendent of the hospital at San Mateo, California. Elizabeth E. Erlewine, class of 1907, is superintendent of the Christian Hospital, Valparaiso, Indiana. Marienne Zichy, class of 1904, has charge of the Hastings City Hospital, Hastings, Nebraska.

MAE MCCARTNEY, class of 1908, Hahnemann Hospital, and Fannie Wiley, class of 1906, are nursing in Waterloo, Iowa. Catherine Campbell, class of 1908, is one of the supervising nurses in the tuberculosis camp at Naperville. Mary Campbell, class of 1904, has been a supervising nurse at the Watertown Insane Hospital for six months. Amelia Munn, class of 1908, is nurse of the Children's Infirmary, Home for the Friendless. Edith Geiger has charge of the Pennoyer Sanitarium at Kenosha, Wisconsin. Linie Kugle, class of 1904, is planning to take graduate work at Bellevue Hospital. Ida A. Belg, class of 1905, is chief nurse at Salina, Kansas.

MEMBERS OF THE WESLEY HOSPITAL ALUMNÆ ASSOCIATION are asked to send their present addresses to the secretary, Florence Olmstead, 4549 Indiana Avenue. Mary McNeal and Miss Nichol have been elected as delegates to the Associated Alumnæ. Mildred Marsden has returned from the west and has taken a position as head nurse in the hospital. Mae Peregrine is missionary nurse in the hospital at Wu-hu, China.

INDIANA

Indianapolis.—THE NURSES' EXAMINING BOARD OF INDIANA will hold examination of applicants in Indianapolis, May 19 and 20, 1909. All applications should be in by May 10.

EDNA HUMPHREY, Secretary,
409 East Jefferson Street, Crawfordsville.

THE INDIANAPOLIS CITY HOSPITAL ALUMNÆ ASSOCIATION at its March meeting had an interesting article read which had been sent by Margaret Lorimer of Buxton, England, an associate member. A committee was appointed to make arrangements for entertaining the graduating class. At a called meeting on March 26, Miss F. E. Gerard was appointed delegate to the Associated Alumnæ, with Anna Rein as alternate.

IOWA

Council Bluffs.—ELIZABETH SWINGLE, class of 1907, Jennie Edmunson Memorial, is able to return to her work after a six months' rest at her home in Walnut, following a serious illness.

KANSAS

Wichita.—THE FEDERATED CLUB, composed of all the ladies' clubs in town, is raising money—and that, too, without approaching the business men—to engage a graduate nurse for house-to-house work among the poor. She is to be paid a yearly salary of six hundred dollars, with two hundred additional to defray incidental expenses, and in return she is to devote her entire time to the work. By requiring a concise report of her work the ladies will be kept in touch with the needy and they will also be lending a hand to improve the faulty sanitary conditions, due more often to lack of knowledge among the poor, than to an unwillingness to obey the laws of hygiene.

NEBRASKA

THE BILL for State registration which has become a law and goes into effect at once, reads as follows:

To regulate the practice of professional nursing in the State of Nebraska, to provide for the better education of professional nurses, to provide for collection of fees and their disbursement, and to provide penalties for the violation thereof.

Be it enacted by the Legislature of the State of Nebraska:

SECTION 1. It shall be unlawful for any person to practice professional nursing as a Registered Nurse in this State, unless such person shall have first obtained a certificate of registration as provided in this Act.

SEC. 2. The State Board of Health shall have power not inconsistent with the provisions of this Act, to make all reasonable rules and regulations necessary to the performance of its duties under the provisions hereof. The said State Board of Health, among other rules, shall prescribe what evidence shall be necessary to establish the good moral character of a person making application for a certificate to become a professional nurse. The said State Board of Health, in addition to other rules shall also make provision governing the duties of the secretaries provided for in this Act. It shall also be the duty of the State Board of Health to see that the provisions of this Act are strictly enforced, to issue certificates, as hereinafter provided, and to cause to be prosecuted all violations of this Act. Said State Board of Health shall within thirty days after the taking

effect of this Act appoint their secretaries for the purpose of assisting the said State Board of Health in carrying out and in enforcing provisions of this Act. Said secretaries shall be appointed from nurses engaged in active work, who have been graduated for at least a period of one year from reputable training schools requiring a course of training of not less than one or more years' duration in actual hospital service. And provided further, that after the first appointment the nurses appointed on each succeeding term shall be appointed from nurses registered under this Act.

SEC. 3. Each of said secretaries shall serve for a term of three years and until his or her successor is appointed and qualified, except in the case of those first appointed who shall hold office as follows: One shall be appointed to hold office for one year, one for two years, and one for three years.

SEC. 4. Said secretaries shall have the power, and it shall be their duty, to assist and advise the State Board of Health in the performance of its duties as prescribed by this Act. To that end they shall organize by the election of one of their number as president, another as secretary, and another as vice-president and treasurer, and shall have their headquarters at the State Capital, shall have a common seal, and the secretary and the president shall have the power to administer oaths.

SEC. 5. Each secretary shall receive compensation of five dollars per day for each day of actual service, and ten cents per mile for each mile actually travelled in attending the meetings of said secretaries, which compensation with the necessary expenses of the said secretaries shall in no case exceed the amount which has been collected as fees from applicants for registration. And the Secretary shall annually, on or before the second Monday in October, make a report to the Governor of the work of said Board together with the amount of fees collected. And the amount paid out for salary and expenses of secretary as provided by law and the balance of such fees shall be paid into the State Treasury for the benefit of the General Fund.

SEC. 6. Said secretaries shall hold public examinations at least twice in each year at Lincoln, Nebraska, and at such times and places as the State Board of Health deem advisable, and notice of the time and place of such examinations shall be given to three daily papers, at least ten days before such examination, and in two nursing journals, and said secretaries may give such other notice as they deem advisable. Any person desiring to obtain a certificate of registration under this Act shall make application to said secretaries therefor and shall pay their said treasurer an examination fee of five dollars, and shall present himself or herself at the next regular meeting of said secretaries for examination of applicants and upon said secretaries being satisfied that the applicant is, (1) of the age of twenty-one years or over, (2) of good moral character, (3) has received an education equivalent to that required for admission into high schools of this State, and (4) has graduated from a training school connected with a general hospital, sanitarium, or sanatorium where two or three years of training with a systematic course of instruction is given in the hospital, sanitarium, or sanatorium of good standing, supplying a systematic training of two or more years corresponding to the above standards, providing graduates of training schools in connection with special hospitals, giving a two years' course, who shall obtain six months or more additional training in an approved general hospital, shall be eligible (without examination before January 1, 1911, or graduates of said special hospital training schools without said additional experi-

ence shall be eligible) for registration prior to which training may be obtained in two or more hospitals, said secretaries shall proceed to examine said applicant, in both theoretical and practical nursing, physiology and anatomy, materia medica, practical and surgical nursing in mental and nervous diseases, and upon such applicant passing said examination to the satisfaction of said secretaries, they shall enter said applicant's name in the register hereinafter provided for, and shall issue to said person a certificate of registration authorizing said person to practice the profession of nursing as a "registered nurse."

SEC. 7. All nurses graduating prior to January 1, 1911, possessing the above qualifications, or who have taken a regular course of instruction of six months or more in some regular hospital or nurses' training school in good standing, and have had at least twelve months of actual practice in nursing in addition thereto, may register without examination prior to September 1, 1910. Nurses that have had two years of actual practice in nursing in this State and are recommended in writing by four reputable physicians, and who have passed the examination provided for in Section 6 of this Act, may register by paying the regular fee on or before January 1, 1910, provided this section shall not apply to any applicant who fails to satisfy the Board of Secretaries that the applicant is of good moral character.

SEC. 8. The State Board of Health is empowered to recognize certificates issued to nurses under the laws of other States having substantially similar requirement to those existing in this State; provided, that such States recognize certificates issued by the State of Nebraska, then certificates issued by authority of such other States may be deemed sufficient evidence of qualifications of the licentiate without further examination for certificate in this State. The fee for such certificates shall be ten dollars (\$10.00).

SEC. 9. This Act shall not be construed to apply to the gratuitous nursing of the sick by friends or members of the family, and also it shall not apply to any person nursing the sick for hire, but who does not in any way assume to be a registered nurse.

SEC. 10. Said secretaries shall keep a register in which shall be entered names of all persons to whom certificates are issued under this Act, and said register shall be at all times open to public inspection.

SEC. 11. A person who has received his or her certificate according to the provisions of the Act, shall be styled and known as a "Registered Nurse." No other person shall assume such title or use the abbreviation R.N., or any other letters or figures to indicate that he or she is a registered nurse.

SEC. 12. Said secretaries may revoke any certificate for sufficient cause, but before this is done the holder of said certificate shall have thirty (30) days' notice, and after a full and fair hearing of the charges made, by a majority vote of said secretaries the certificates may be revoked.

SEC. 13. Any person violating any of the provisions of this Act, or who shall wilfully make any false representation to the said secretaries in applying for a certificate, shall be guilty of a misdemeanor, and upon a conviction shall be punished by a fine of not more than ten dollars (\$10.00), provided that nothing in this Act contained shall be construed to apply to members of religious societies gratuitously nursing.

SEC. 14. Whereas an emergency exists this Act shall be in effect and full force on and after its passage.

OKLAHOMA

THE Oklahoma bill for State registration of nurses which was signed by Governor Haskell on March 2, reads as follows:

AN ACT to provide for the appointment of a State Board of Examiners, and for the examination and registration of nurses, and to provide penalties for the violation thereof.

Be it enacted by the people of the State of Oklahoma:

SECTION 1. That upon the taking effect of this Act, the Oklahoma State Association of Graduate Nurses shall nominate for examiners twelve (12) of its members who have had not less than five years' experience in their profession and who shall be residents of the State of Oklahoma. These nominations shall be submitted to the Governor of the State, who shall from said number appoint within sixty days a Board of Examiners to be composed of five (5) members; one of these members shall be designated by the Governor to hold office for one year, two for two years, and two for three years, and hereafter, upon the expiration of the term of office of the person or persons so appointed, the Governor shall appoint a successor to each person or persons to hold office for three years from a list of nominations submitted to him by the Oklahoma State Association of Graduate Nurses annually. All vacancies occurring on the Board shall be filled by the Governor in the same number from the list of five to be furnished upon his request for additional names.

SEC. 2. That the members of the State Board of Examiners shall as soon as organized, and annually thereafter in the month of June, elect from their members a president and a secretary who shall be the treasurer. Three members of this Board shall constitute a quorum, and special meetings of the Board shall be called by the secretary upon written request of any two members. The said Board of Examiners is authorized to frame such by-laws as may be necessary to govern proceedings. The secretary shall be required to keep a record of all meetings of the Board, including a register of the names of all nurses duly registered under this Act, and may incur necessary expense in this behalf. The secretary shall receive a salary to be fixed by the Board, not to exceed one hundred dollars (\$100.00) per annum, also travelling and other expenses necessarily incurred in the discharge of her official duties. The other members of the Board shall receive four dollars (\$4.00) for each day actually engaged in this service, and all legitimate and necessary expenses. Said expenses and salaries shall be paid from fees received by the Board under the provisions of this Act and no part of salaries or other expenses of the Board shall be paid out of the State Treasury. All money received in excess of the said allowance and other expenses provided for shall be held by the Treasurer for meeting the expenses of the said Board and the annual report of the Board.

SEC. 3. That after January 1, 1912, it shall be the duty of the said Board of Examiners to meet at some convenient point within the State not less frequently than once a year, notice of which meeting shall be given to the public press and in one nursing journal one month previous to the meeting. At this meeting it shall be their duty to examine all applicants for registration under this Act, surgical, medical, obstetrical nursing (genito-urinary for male nurses instead of obstetrics), anatomy, physiology, materia medica, hygiene, and dietetics, to determine their fitness and ability to give efficient care to the sick. Upon filing application for examination and registration each applicant shall deposit a fee of five dollars (\$5.00).

SEC. 4. That the applicant shall furnish satisfactory evidence that he or she is twenty-one years of age, is of good moral character, has received the equivalent of an eighth grade certificate, until five years after taking effect of this Act when it shall be necessary to have a high school certificate or its equivalent, and has graduated from a training school connected with a general hospital where two years of continuous residence training with a systematic course of instruction is given.

SEC. 5. That training schools shall be required to give such systematic training as will meet the requirements of the State Board of Examiners.

SEC. 6. Nothing in this Act shall be construed to apply to duly registered nurses coming to this State from any other State in the United States; provided, such nurses have undergone and received training equal to, or equivalent to the requirements set forth in this bill. Such nurses shall be eligible to registration without examination upon payment of registration fee.

Graduates of training schools in connection with special hospitals giving a two years' course, who shall obtain at least six months additional training in an approved general hospital, shall be eligible for registration without examination before June 1, 1912, or said graduates from special hospitals shall be eligible for registration prior to said date upon passing special examination before the Board of Examiners in subjects not adequately taught in the training school from which they have been graduated. And it shall be unlawful after the expiration of that time for any person to practice professional nursing as a registered nurse without a certificate in this State. A nurse who has received his or her certificate according to the provisions of this Act shall be styled and known as a "Registered Nurse." No other person shall assume such title or use the abbreviation "R.N." or any other letters or figures to indicate that he or she is a registered nurse.

SEC. 7. That all nurses possessing the above qualification shall be permitted to register before June 1, 1912, without examination upon payment of registration fee.

SEC. 8. That this Act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family; and also it shall not apply to any person nursing the sick for hire, but who does not in any way assume to be a graduate or registered nurse.

SEC. 9. That any person violating any of the provisions of this Act or who shall wilfully make any false representations to the Board of Examiners in applying for a certificate shall be guilty of a misdemeanor and upon conviction be punished by a fine of not more than five hundred dollars (\$500.00).

SEC. 10. That the State Board of Examiners of Graduate Nurses may revoke any certificate for sufficient cause; but before this is done the holder of said certificate shall have thirty days' notice, and after a full and fair hearing of the charge by a majority vote of the whole Board can the certificate be revoked.

COLORADO

Denver.—THE ALUMNÆ ASSOCIATION OF THE COLORADO TRAINING SCHOOL held its third annual meeting at the nurses' home of the County Hospital April 13. Eleven interesting meetings were held during the year. The officers for 1909 are: president, Louise Perrin; vice-president, Clara Stuevens; secretary, M. M. Balding, 708 East 16th Avenue; treasurer, Lilian O'Neil. Business was followed by a pleasant social hour. Miss Clara Stuevens has been appointed

superintendent of the Colorado Training School and Miss O'Neil as night superintendent. Miss Perrin was elected delegate to the Associated Alumnae Convention.

WYOMING

THE Wyoming bill for State registration passed the Legislature and became a bill February 18. It reads as follows:

AN ACT to provide for and regulate the examination and registration of nurses, and the practice of nursing.

Be it enacted by the Legislature of the State of Wyoming:

SECTION 1. Upon the taking effect of this Act, the Wyoming State Nurses' Association shall nominate for examiners five of their members, who shall have had not less than three years' experience in their profession, as candidates: and at each annual meeting thereafter, shall nominate two other candidates. The Governor of Wyoming shall appoint a board of three examiners from such list. When the first appointment is made, one member of said Board shall be appointed for one year, one for two years, and one for three years, and thereafter all appointments shall be made for a term of three years, except an appointment for an unexpired term, which shall be made only for such unexpired term. All vacancies in said Board, caused by death, resignation, or otherwise, shall be filled by the Governor aforesaid, in the same manner as an original appointment, and for the time herein mentioned.

SEC. 2. The members of the said Board of Examiners shall meet and organize as soon as practicable after their appointment, by taking an oath faithfully to discharge the duties of their office, which oath shall be filed with the Secretary of State, and by the election of a president, vice-president, and a secretary. Said Board of Examiners may, from time to time, adopt such rules and regulations as shall be deemed necessary in the performance of their duties consistent with the requirements of this Act. It may adopt a seal, and the secretary shall have the care and custody thereof. The secretary shall keep a record of all proceedings of the Board of Examiners, including a register of the names and addresses of all nurses duly registered under this Act, which shall be open at all times to public inspection. The Board shall cause the prosecution of any persons violating this Act, and may incur necessary expenses in that behalf. Each member of the Board shall receive a compensation of five dollars per day or for each fraction of a day in which each member is actually engaged in the attendance upon the meetings of the Board and in going to and coming from the place of meeting, and all the legitimate and necessary expenses incurred in attending such meetings; all such compensation and expenses to be paid out of the "Nurses' Fund," by warrants drawn by the State Auditor upon there being filed with the State Auditor a certificate to be signed by the president or vice-president, and secretary of the Board, with the seal of the Board attached, showing the amount, itemized, to which each member is entitled.

SEC. 3. The fees received by the Board of Examiners herein specified from examination, and otherwise, shall be paid to the State Treasurer, and shall be kept in a fund to be known as the "Nurses' Fund," and shall be subject at all times to the warrant of the State Auditor drawn upon written requisition of the president or vice-president, and attested by the secretary of the said Board of Examiners, with seal attached, for the payment of any expenses made by the said Board. The secretary shall make on or before January 1 of each year, a report to the Governor of the State, containing a true and correct account

of all monies received and ordered disbursed by the Board. Any expense incurred in making said report and any other necessary expenses of the said Board shall be paid out of the said fund.

SEC. 4. Two members of the Board shall constitute a quorum. Special meetings of the Board shall be called by the secretary upon written request of any one member. The Board shall from time to time adopt rules for the examination of applicants for registration in accordance with the provisions of this Act, and shall from time to time adopt rules by which to establish a uniform and reasonable standard of instruction and training to be observed by training schools, and shall determine the reputability of such schools by reference to their compliance with such rules and in like manner may from time to time amend, modify, and repeal such rules. The Board shall immediately, upon the election of an officer, file with the Secretary of State a certificate thereof, giving the name and address of such officer, and immediately upon the adoption of any rule, shall file with the Secretary of State a certificate thereof setting out therein a copy of such rule, or in case of the repeal of a rule setting out fully such fact, and shall immediately publish such certificate in at least one journal devoted to the interests of professional nursing, and mail a copy of such certificate to every applicant at the address appearing upon the records of the Board and to every reputable training school in the State of Wyoming.

SEC. 5. It shall be the duty of the Board to meet for the purpose of holding examinations once in every year. Notice of such meetings shall be given to the public press and to at least one journal devoted to the interests of professional nursing and by mail to every applicant, and to every reputable training school in Wyoming at least thirty days prior to the meeting. At such meetings, it shall be the duty of the Board to examine all such applicants for registration under this Act as are required to be examined, and to issue to each duly qualified applicant who shall have complied with the pertinent provisions of this Act the certificate provided for in this Act. Any person to whom a certificate of registration shall be issued shall within ninety (90) days thereafter cause the same to be recorded with the county clerk of the county in which such person resided at the time of application. Such person shall be prepared whenever requested to exhibit such certificate of registration or a certified copy thereof.

SEC. 6. Every applicant for registration shall be at least twenty-one (21) years old, of good moral character, and shall possess such further qualifications as may be prescribed from time to time by the Board by rule; *provided*, That no such rule shall be inconsistent with the provisions of this Act relating to those who shall make application prior to July 1, 1910. Every applicant shall make such proof of the necessary qualifications as shall satisfy the Board thereof. Every application shall be made in writing in the true name of the applicant, in such form as may from time to time be prescribed by the Board, and shall state the place of residence of, and be signed by, the applicant. The fee for acting on an application shall be ten dollars, and shall accompany the application, but every subsequent application of the same person shall be acted on without fee.

SEC. 7. Upon compliance with the pertinent provisions of this Act, nurses, otherwise qualified, shall be entitled to registration as follows: First, without examination; *provided*, they make application prior to July 1, 1910; (a) nurses who shall have graduated before said date from a training school which is connected with a general hospital and which shall be registered by the Examining Board, *provided*, such nurses so applying shall have received a course of at least

two years' training in such training schools, and provided further, that no training school shall be registered by said Examining Board, unless such school maintains proper educational standards, and unless it gives not less than two years' training in a general hospital, or its equivalent; (b) nurses who shall have graduated on or prior to January 1, 1897, from a reputable training school, connected with a general hospital, who at the time of graduation shall have received a course of one year's training in such training school, and who at the time of application shall have been engaged in nursing five years since their graduation; (c) nurses now in training in a training school, registered hereafter by the Examining Board, and connected with a general hospital, which now gives a course of at least two years' training; provided, the applicants graduate therefrom. Second, nurses who shall make application on or after July 1, 1910, and who at the time of application shall have graduated from a training school, connected with a general hospital, registered by said Examining Board and requiring a systematic course of at least two years' training; provided, such applicants shall pass an examination, to be prescribed by said Board, to determine their fitness and ability to give efficient care to the sick. Third, nurses who shall make application on or after July 1, 1910, and who at the time of application shall have graduated from a reputable training school connected with a special hospital, requiring a systematic course of at least two years' training, and who at the time of application shall have obtained in a reputable general hospital one (1) year's additional training in subjects not adequately taught in the training school from which they graduated, and shall pass an examination to determine their fitness and ability to give efficient care to the sick.

SEC. 8. It shall be unlawful hereafter for any person to practice or attempt to practice in this State as a graduate, trained or registered nurse, without a certificate from the Board. Any person who has received such a certificate shall be styled and known as a Registered Nurse, and shall be entitled to append the letters R.N. to the name of such person. No other persons shall assume or use such title or the abbreviation, R.N., or any other words, letters or figures to indicate that such person is a registered, trained or graduate nurse.

SEC. 9. This Act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, nor to any person nursing the sick for hire who does not in any way assume or pretend to be a registered or graduate nurse, and this Act shall not be construed to interfere in any way with members of religious communities or orders which have charge of hospitals or take care of the sick in their own homes; provided, such members do not in any way assume to be registered nurses.

SEC. 10. The Board, upon written application and upon the payment of ten dollars (\$10) as a registration fee, may issue a certificate without examination to those who shall have been registered as registered nurses under the law of another State having requirements equivalent to those of Wyoming.

SEC. 11. Any person violating any of the provisions of this Act shall be guilty of a misdemeanor, and shall upon conviction be fined for each offense in a sum not less than ten dollars (\$10), nor more than two hundred dollars (\$200) for the first offense, and not less than one hundred dollars (\$100) nor more than five hundred dollars (\$500) for each subsequent offense. Any person who shall wilfully make any false representations to the Board in applying for a license shall be guilty of a misdemeanor, and upon conviction, shall be fined in a sum not less

than one hundred dollars (\$100) nor more than two hundred dollars (\$200). The fines collected shall be paid to the State Treasurer to become part of the "Nurses' Fund," and shall be used for expenses of said Examining Board.

SEC. 12. All certificates issued by the Board shall be signed by all the members thereof, and shall be attested by the president and secretary.

SEC. 13. The Board may revoke any certificate by a unanimous vote for dishonesty, gross incompetence, a habit rendering a nurse unsafe to be entrusted with, or unfit for, the care of the sick, conduct derogatory to the morals or standing of the profession of nursing, or any wilful fraud or misrepresentation practiced in procuring such certificate; provided, the holder of such certificate shall have been given at least thirty (30) days' notice in writing of the specific charge against such holder, and of the time and place of hearing the charge by the Board, at which time and place the holder shall be entitled to be heard and to be represented by counsel. Upon the revocation of any certificate, the same shall be null and void, the holder thereof shall cease to be entitled to any of the privileges conferred by such certificate, and it shall be the duty of the secretary of the Board to strike the name of the holder thereof from the roll of registered nurses and to give notice of such revocation to the county clerk in whose office such certificate is recorded, and thereupon such county clerk shall note the fact of such revocation upon the record of such certificate.

SEC. 14. Nothing contained in this Act shall be considered as conferring any authority to practice medicine or undertake the treatment or cure of disease in violation of the laws relating to the practice of medicine of this State.

SEC. 15. This Act shall take effect and be in force from and after its passage.

TEXAS

THE BILL for registration of nurses has become a law, having been signed by Governor Campbell in March. It reads as follows:

AN ACT to define and regulate the practice of professional nursing; to create a Board of Nurse Examiners for the examination and licensing of nurses, and to prescribe their qualifications; to provide for their proper registration and for the revocation of certificates, and to fix suitable penalties for the violation of this Act, and declaring an emergency.

Be it enacted by the Legislature of the State of Texas:

SECTION 1. That a Board to be known as the Board of Nurse Examiners for the State of Texas is hereby established. Said Board shall be composed of five members, who shall be trained nurses of at least twenty-three (23) years of age, of good moral character, and graduates of a training school connected with a general hospital or sanitarium of good standing, presided over by a graduate nurse where a two years' training with a systematic course of instruction is given in the wards. Said Board shall be appointed by the Governor of this State within sixty days after this Act shall go into effect, and biennially thereafter within sixty days after his inauguration, and the term of office shall be two years, or until their successors shall be appointed and qualified. Vacancies occurring in the Board shall be filled by the Governor.

SEC. 2. That the members of the said Board shall, as soon as organized, annually in the month of April, elect from their members a president and secretary, who shall also be the treasurer. Three members of this Board shall constitute a quorum, and special meetings of said Board shall be called by the secretary upon the written request of any two members. The Board is author-

ized to make such by-laws and rules as shall be necessary to govern its proceedings and to carry into effect the purpose of this Act; provided, that said Board shall adopt Roberts's rules of order to guide it in the transaction of its business. The secretary shall be required to keep a record of all the meetings of said Board, including a register of the names of all nurses duly registered under this Act, which shall at all reasonable times be open to public scrutiny, and said Board shall cause the prosecution of all persons violating any of the provisions of this Act, and may incur necessary expenses on that behalf; that the president and secretary shall make a biennial report to the Governor on or before the first day of January immediately preceding the convening of the Legislature, together with a statement of the receipts and disbursements of said Board.

SEC. 3. That after organization it shall be the duty of said Board to meet regularly once in every six (6) months, notice of which meeting shall be given to the public press and in one nursing journal one month previous to the meeting. At every regular meeting, namely, every six months, it shall be the duty of the Board to examine all applicants for registration under this Act. Upon filing application for examination, each applicant shall pay an examination fee of ten dollars, which shall in no case be returned to the applicant, whether the examination be passed or not, but in case the applicant passes the examination, then no further fee shall be required for registration. The examination shall be of such a character as to determine the fitness of the applicant to practice professional nursing as contemplated by this Act; provided, said Board shall prepare questions for examinations and shall examine applicants on the following subjects: practical nursing, surgical nursing, obstetrical nursing, materia medica, anatomy, physiology, hygiene, dietetics, and gynæcology. If the result of the examination shall be satisfactory to the majority of the Board, the Board shall sign and issue a certificate to the applicant to that effect, which certificate shall be attested by the secretary, whereupon the person named in the certificate shall be duly qualified to practice professional nursing in this State. Any registered nurse from any other State where the laws with reference to professional nursing are up to the standard of the laws of the State of Texas, who shall show to the satisfaction of the Board that he or she is a trained graduate nurse of a hospital or sanitarium, the standard of instruction and training of which shall meet the requirements of the rules prescribed by said Board, and who shall be otherwise properly qualified, may receive a certificate and be registered as a nurse of this State without examination.

SEC. 4. That all nurses who are engaged in nursing at the time of the passage of this Act, and who shall show to the satisfaction of the said Board that they are of good moral character and were graduated prior to April, 1906, from a training school connected with a hospital or sanitarium giving a two years' general training, or prior to the year 1901, having given 18 months' general training, and who maintains in other respects proper standards, shall be entitled to registration without examination. All persons who are in training in the wards of a general hospital or sanitarium in this State where a two years' training with a systematic course of instruction is given at the time of the passage of this Act, and shall graduate hereafter, and possess the above qualifications, shall be entitled to registration without examination; provided, such application be made to this Board before the first regular meeting. All nurses who have served in the army or navy of the United States, and have

been honorably discharged, shall be entitled to registration without examination. It shall be unlawful hereafter for any person to practice nursing as a trained, graduate, or registered nurse, without a certificate from the State Board of Nurse Examiners. A nurse who has received his or her certificate according to the provisions of this Act shall be styled and known as a "Registered Nurse." No other person shall assume such title or use the abbreviation "R.N.," or any other letters to indicate that he or she is a trained, graduate, or registered nurse. The Board in each instance shall require a registration fee of ten (\$10) dollars.

SEC. 5. The State Board of Nurse Examiners shall have the power to revoke any certificate issued in accordance with this Act by a unanimous vote of said Board, for gross incompetence, dishonesty, habitual intemperance or any act derogatory to the morals or standing of the profession of nursing, as may be determined by the Board, but before any certificate shall be revoked the holder thereof shall be entitled to at least thirty days' notice in writing of the charge against him or her, and of the time and place of hearing and determining of such charges, at which time and place he or she shall be entitled to be heard, and in the event said certificate shall be revoked by said Board, the holder of such certificate shall have right of action within thirty days thereafter in the district court of the county of the residence of any member of the Board, and said certificate shall remain in force until the question is finally decided by the courts. Upon revocation of any certificate, it shall be the duty of the secretary of the Board to strike the name of the holder thereof from the roll of registered nurses.

SEC. 6. All fees received by the State Board of Nurse Examiners, and all fines collected under this Act, shall be paid to the treasurer of said Board, who shall pay the same out on vouchers issued and signed by the president and secretary of said Board upon warrants drawn by the president of the State Board of Examiners. All money so received and placed in said fund may be used by the State Board of Nurse Examiners in defraying its expenses in carrying out the provisions of this Act.

SEC. 7. This Act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, or to any person nursing the sick for hire who does not in any way assume the practice as a trained, graduate, or registered nurse.

SEC. 8. That any person violating the provisions of this Act, or who shall make any false representations to said Board in applying for a certificate, shall be guilty of a misdemeanor, and upon conviction be punished by a fine of not more than three hundred dollars.

SEC. 9. The fact that there is no previous legislation providing for the examination by a State Board of trained nurses, creates an emergency and imperative public necessity that the constitutional rule requiring bills to be read on three several days be suspended, and the same is hereby suspended, and that this shall take effect and be in force from and after its passage, and it is so enacted.

THE GRADUATE NURSES' ASSOCIATION OF TEXAS will hold its annual meeting at Temple, May 5 and 6. A large attendance is hoped for. The nurses are rejoicing in the passage of their bill for which they have worked so faithfully during the past year.

San Antonio.—MARJORIE M. TAYLOR, graduate of the University of Pennsylvania Hospital, Philadelphia, and recently superintendent of the Saratoga Hospital, Saratoga, N. Y., has been appointed superintendent of the Physicians and Surgeons Hospital.

IDAHO

Boise.—THE IDAHO STATE NURSES' ASSOCIATION has elected the following officers: president, Lillian Long, St. Luke's Hospital, Boise; secretary, Lulu Hall, Room 410 Overland Building, Boise.

WASHINGTON

Seattle.—THE KING COUNTY GRADUATE NURSES' ASSOCIATION held its regular meeting on April 5, at the Graduate Nurses' Club. The association unanimously endorsed a petition to the President of the United States and the Secretary of Agriculture, asking that Dr. Harvey W. Wiley be retained as chief of the Bureau of Chemistry of the United States Department of Agriculture. This petition has been put into circulation by the women of the Seattle Federated Clubs, who realize the importance of retaining in office a man who stands for all that is good and pure as does Dr. Wiley. Promoters of the petition feel if he were removed it would weaken the effectiveness of the pure food law. As members of the Seattle Federation of Women's Clubs, the association members are requested to attend the meetings which are very interesting and instructive.

Report of the work done in Olympia on the bill for State registration was read, also a letter of congratulation on the success of the bill from Miss Richardson, Portland, Oregon. The delegates to the State Convention were nominated. Miss Bessie Davies gave an interesting talk on tubercular work in Seattle. An antitubercular league was formed and directors appointed in March. Dr. Maud Parker gave an interesting talk on "Woman's Suffrage."

THE RECEPTION COMMITTEE met March 3 and adopted the following plans for the annual meeting of the Washington State Graduate Nurses' Association, to be held June 16-17 in Seattle. June 16 has been kindly set aside by the Alaska Yukon Pacific Exposition officials for Washington State Graduate Nurses' Association day. The first session will be held in the Woman's Building on the Exposition grounds, Wednesday, June 16, at 10 A.M., after which a luncheon will be served and the afternoon will be spent showing the visiting nurses about the Exposition. On June 17, the sessions will be held in the club-house of the Seattle Woman's Federation, corner of Harvard Avenue and Thomas Street, at 9 A.M. and 1.30 P.M. A reception and banquet will be held at the Stokade Club, Alki Point, at 8.30 P.M., June 17. Delegates' names should be sent to the secretary, Miss MacMillan, 322 North Broadway, Seattle, Wash., not later than June 1.

MAY S. LOOMIS, of the Seattle General Hospital, has been appointed delegate from the Washington State Graduate Nurses' Association to the meeting of the Associated Alumnae to be held at Minneapolis, with Miss M. C. Burnette, Spokane, as alternate. Mrs. Edith M. Hickey has been appointed delegate from King County Graduate Nurses' Association. Sara Meiklejohn has accepted the position of superintendent of nurses at the Hoquiam General Hospital, Hoquiam, Washington.

Tacoma.—M. R. MACDONALD, class of 1901, Boston City Hospital, has been appointed superintendent of the training school at St. Joseph's Hospital.

CALIFORNIA

Los Angeles.—THE CALIFORNIA HOSPITAL NURSES' ALUMNÆ ASSOCIATION held its regular meeting on March 29. After the routine business, a debate was held on the question: Resolved, That woman's suffrage be granted to the women of the United States. The affirmative was taken by Miss Hilton and Mr. Mason; the negative by Misses McConnell and Martin. By the decision of the judges the debate was given to the negative. The afternoon closed with refreshments.

Salinas.—THERESA ERICKSON, R.N., has resigned her position as superintendent of the Jim Bardin Hospital.

PHILIPPINE ISLANDS

Manila.—MABEL E. MCCALMONT, R.N., class of 1906, Homœopathic Hospital, Washington, D. C., has accepted the position of superintendent of the Civil Hospital, supervising nurse of the training school, and of all nurses on the island under Civil Service. Miss McCalmont is the first woman to occupy this position. She gave in March a series of lectures and demonstrations on hygiene, sanitation, and practical nursing before the Filipino Teachers' Institute, for the Bureau of Education.

CUBA

Santiago de Cuba.—MARY E. PEARSON, graduate of the Massachusetts General Hospital, who has been for several years at the head of the training school in the hospital at Camaguey, has been transferred to a similar position at the Civil Hospital in this place. The school at Camaguey had been brought to a high state of efficiency under Miss Pearson and is now put in charge of a Cuban trained nurse, while Miss Pearson is given a hospital needing reorganization.

BIRTHS

A SON to Mr. and Mrs. H. H. Roberts. Mrs. Roberts is a graduate of Wesley Hospital, Chicago.

IN March, a son to Mrs. Edith Shanks Hendrickson, class of 1906, Hahnemann Hospital, Chicago.

AT Panama, a son to Mr. and Mrs. Hogan. Mrs. Hogan was Marie Henerichs, class of 1904, Lebanon Hospital, New York City.

ON March 22, a daughter to Dr. and Mrs. Mowbray. Mrs. Mowbray is a graduate of the Homœopathic Hospital, Washington, D. C.

ON March 16, a son to Mr. and Mrs. Calver Glover. Mrs. Glover was Miss Herbert, class of 1903, Presbyterian Hospital, Philadelphia.

IN January, at New Bedford, Massachusetts, a daughter to Dr. and Mrs. Ned Stanley. Mrs. Stanley was Caroline Russell, class of 1905, St. Luke's Hospital, New Bedford.

ON October 17, 1908, at Concord, Mass., a daughter, Anna Marie, to Mr. and Mrs. John H. Goulding. Mrs. Goulding was Elizabeth Roche, a graduate of St. Elizabeth's Hospital, Boston.

MARRIAGES

ON March 10, Alice Merkel Spang, class of 1905, Presbyterian Hospital, Philadelphia, to Arthur Rick.

ON March 18, at Morenci, Arizona, Augusta Potter, class of 1900, Illinois Training School, to John Howard Wood.

ON February 1, in Rochester, N. Y., Katherine Jones, graduate of the Rochester City Hospital, to Benson T. Hawkins.

ON March 3, Harriet M. Creed, class of 1904, St. Luke's Hospital, New Bedford, to Chester Mendell, of Rochester, Mass.

ON March 20, at Orange, New Jersey, Grace Arnold Knight, graduate of Roosevelt Hospital, New York City, to Ernest G. H. Schenck.

CARRIE PUFFER, class of 1906, Hahnemann Hospital, Chicago, to W. V. Hedges, M.D. Dr. and Mrs. Hedges will live at Frankfort, Ill.

ON January 4, Miss Shouliber, graduate of the Beaver Valley General Hospital, to George Taggart. Mr. and Mrs. Taggart will live at Beaver Falls, Pa.

ON April 3, at Brooklyn, N. Y., Clara Kemmerer, class of 1905, Homœopathic Hospital, Washington, D. C., to Bernard Rentrop. Mr. and Mrs. Rentrop will live in Brooklyn.

ON October 20, 1908, at Franklin, Mass., Ellen T. Coakley, graduate of St. Elizabeth's Hospital, Boston, to Frederick Thayer. Mr. and Mrs. Thayer will live at Hartford, Conn.

ON March 14, in Boston, Mass., Flo Baird, a graduate of Wesley Hospital, Chicago, to Harry F. Gleasen. Mr. and Mrs. Gleasen will live at 10 Washington Terrace, Newtonville, Mass.

ON April 7, at Prophetstown, Ill., Daisy Mathis, a graduate of Wesley Hospital, Chicago, to George Vaughn, M.D. Dr. and Mrs. Vaughn will soon sail for China to engage in missionary work.

ON February 24, at Rock Valley, Iowa, Orphea Edwards, class of 1903, Passavant Memorial Hospital, Chicago, to William Thomas. Mr. and Mrs. Thomas will live in Marshfield, Wisconsin.

ON February 20, at Council Bluffs, Iowa, Christine Swingle, class of 1904, Women's Christian Hospital, to Burleigh Malcolm Painter. Mr. and Mrs. Painter will live at Lewis, Iowa. Mrs. Painter has been doing private nursing in Colorado Springs for the past three years.

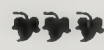
DEATHS

ELEANOR RYAN, a pupil nurse of St. Mary's Hospital, Brooklyn, died early this year, when within three months of graduation, from burns received while trying to protect her patients, a mother and child, from fire. The *Boston Pilot* gives a long and affecting account of the beautiful life and character of Miss Ryan, who was greatly loved by her associates.

MARION C. SPIER, a graduate of the Garfield Memorial Hospital, died recently from an illness contracted while on duty at the Allegheny Hospital. Diphtheria developed, followed by a mastoid abscess, and blood poisoning. Miss Spier was not only a most faithful nurse, devoted to her calling, but she had also a beautiful character and is greatly mourned by all who knew her.

ON February 28, at Monroe, Louisiana, Clara Dodds, a member of the Nurses' Alumnae Association of the Beaver Valley General Hospital, Beaver Falls, Pennsylvania. Miss Dodds was devoted to her vocation, ministering to those under her care with tenderness and sympathy. By her unselfish and kindly disposition and by her many sterling qualities she won the admiration and love of all with whom she labored.

PRACTICAL SUGGESTIONS



NURSES when on a private case often find it difficult to keep the record from inspection. We teach our pupils to use Roman letters for the numbers and Latin terms for remarks, etc. This might be done in keeping a record on a private case, as for instance:

Hours.	Temp.	Pulse.	Res'n.	Urine.	Stool.	Medicine.	Stimulant.	Nour-ishment	Remarks.
VII A. M.	C	CIV	XX	XLCC	I	Morph. $\frac{I}{IV}$ th gr.	Strych. $\frac{I}{XXX}$ th gr	Softov.	Sinapis emp. ap-plied over gastric region Strych. given p. r. n.
7 A. M.	100	104	20	40 $\frac{3}{4}$	.....	Morph. $\frac{1}{4}$ gr.	Strych. $\frac{1}{30}$ gr.	Soft egg	Mustard plaster ap-plied over stom-ach Strych. given when required.

S. C.

I NOTICE in the Practical Suggestions of the March JOURNAL that orange juice is spoken of as good for a typhoid patient. I took care of a typhoid patient who was given strained, very much diluted, orange juice in place of water which he refused. On the 23rd day of the fever he had two hemorrhages. Orange juice was thought to have brought about intestinal putrefaction. The orange juice was withheld and no further trouble arose.

Here are two formulas which have proved most useful to me. The first is an old Scotch formula for the relief of flatulency. Water, one ounce; whiskey, two drachms; quinine, three drachms; to be given as a high enema with a rectal tube. It may be repeated until relief is experienced.

Good for sprains: to the white of one egg, beaten stiff, add salt until about the consistency of plaster, bind on the sprained part with a piece of red flannel. The application should be continued until relief is felt.

S. T. L.

(All such suggestions as the above are, of course, used by nurses only with the knowledge and consent of the physician.—ED.)

I RECEIVED a suggestion in regard to fomentations from the grand-mother of a country patient, which was so good I want to share it. She told me to wring the flannel from warm water, then to put it in a

colander over a kettle of boiling water. When steamed through, it was very hot, yet not wet. When a patient is having frequent fomentations, one can be kept always ready by this method and it saves the hands of the nurse. The flannel must, however, be always wrung from water first, or it will not absorb the steam. E. F.

IN making a salad dressing which ordinarily requires cream, a thin white sauce can be substituted very successfully if cream is not to be had.

I GIVE the following method of placing a child for aural and nasal douching, hoping it will help others. Although I was once supervisor in an eye and ear hospital we never had a case that called for such handling and I was at my wits' end recently on a private case to know what to do to keep my patient from getting wet and vomiting after each douche. The aurist on the case gave me the hint. Of course it is only applicable in cases where the patient is too ill to be raised up and will not keep quiet in a recumbent position.

Place the patient across a bed, couch, or table, on the side to be douched, the head and shoulders well over the edge. Have some one at the back of the patient to steady the head with one hand and body with the other, the nurse stooping down in a crouching position, holding the basin for return flow on her knees and so having both hands free with which to manage the douche tip and straighten canal. For a nasal douche, turn the child on its stomach, instead of side, drop its head slightly downward, the assistant holding the forehead instead of side of head. It may seem awkward at first, but the child will not swallow the solution, consequently will not vomit and does not get wet. If you have a case with one side a mastoid, the other side and nose having to be douched, and with a complication of serious endocarditis, you will appreciate not having to change the bandage, clothing and bedding after each douche. JEANNETTE M. GARDNER.

A LETTER to the editor in the *New York Medical Journal* for October 24 speaks of the embarrassment of a male patient in using the bed-pan when women nurses were within hearing. This is a point all nurses should keep in mind. It is one that concerns women patients as well as men. When a patient has been given a bed-pan, either in a hospital or a home, the nurse should go out of the room or ward, leaving the patient alone and with a feeling of seclusion impossible otherwise. She should be where she can hear a loud call or a bell, but she should not be near enough to make the thought of her presence an obstacle to the patient, except in cases of delirium or extreme weakness, where the patient cannot be safely left alone.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

THE CANADIAN COOK-BOOK. By Lucy Bowerman, Graduate Toronto General Hospital Training School for Nurses. Published by The Toronto Graduate Nurses' Club. Price, \$1.25 net.

The Graduate Nurses' Club of Toronto has adopted the plan of publishing a cook-book, the proceeds of the sale of which are to be devoted to the club-house. The book is compiled by Miss Lucy Bowerman, and while it does not claim to be a work on dietetics, it is a first-rate domestic cook-book written from a hygienic standpoint. The recipes are all tested, and among many old favorites there are to be found new ones giving the necessary variety and novelty to make the book excellent in value. The price of \$1.25 net single copy is reduced to \$10 a dozen copies when sold wholesale or when offered as a premium. The book is nicely gotten up, bound in blue and white oil-cloth, and has the novel feature of being able to lie open on the table at any given page.

ESSENTIALS OF MEDICINE. By Charles Phillips Emerson, M.D., Late Resident Physician, the Johns Hopkins Hospital; and Associate in Medicine the Johns Hopkins University. J. B. Lippincott Company, Philadelphia and London.

A text-book of medicine for students beginning a medical course, for nurses, and for all others interested in the care of the sick, this book takes rank and place hitherto unfilled. Books on the subject of medical nursing, and on the practice of medicine, there are in plenty, but this work belongs to neither class, nor does it belong to that coterie of abominations (which masquerade under the guise of a friend in need) the "Family Practitioner," the "Cure-all" that so often misleads the credulous and simple into troubles, real or imaginary, that they never dreamed of and never need have known.

The present book makes no suggestions for home treatment, although it mentions the general treatment in a broad way; and it cannot in any sense be said to occupy the place that can only be filled by the physician. It will nevertheless find many readers among the lay class,—

as the object of the author is to present a clear, sharp mental picture of the elements of the subject in such a manner as to make plain the why and the wherefore of treatment, and so gain for the physician a heartier and more intelligent co-operation from his nurses, his patients, and their anxious friends, than he can when they do not follow him with understanding minds.

The subject is reduced to a simplicity quite marvellous when one considers that it is of all subjects the most complex, but it has none of the palling effects of overdilution. From cover to cover the book is full of interest, and holds the reader with as firm a grip as the latest best seller in the line of detective stories.

SELF-HELP FOR NERVOUS WOMEN. By John K. Mitchell, M.D., Fellow of the College of Physicians of Philadelphia; Attending Physician to the Philadelphia Orthopædic Hospital and Infirmary for Nervous Diseases. J. B. Lippincott Company, Philadelphia.

A series of familiar talks on economy in nervous expenditure written for women, who form the larger number of sufferers from nervous disease. The book is formed on a nucleus of short articles which appeared in *Harper's Bazar* for 1901, which drew out a great number of questions and suggestions from people interested. The popularity of the first essay has led the author to republish with considerable expansion and amendment.

The book is not intended to treat of nervous diseases proper, but deals with the predisposing causes, and gives much valuable advice on the importance of cultivating a sane and wholesome way of living; a way that keeps close to nature and heeds the inner voice, of what the author calls "unsophisticated instinct," that turns a cold shoulder on "brain food" put up in packages, that leads the children out of doors to silly, merry old games rather than the indoor drill for recreation which the gymnasium affords. The author comes directly to the cause of the evil or most of it, in the tendency of the day to reduce house-keeping to the point of attenuation. From one reason and another, the difficulty of getting servants, perhaps, and the need of system in household work, too many people have come to look slightly on the old-fashioned housekeeping of our grandmother's day, and have adopted the easier way, which the enterprise of commerce offers, and give their families the predigested, precooked, and preselected foods, which, barely eatable at first, become positively unpalatable after a short time.

Malnutrition Dr. Mitchell feels to be the starting point of most, if not all, nervous ills. The second great predisposing cause he finds in

quackery. He deplores that people are still superstitious enough to believe that body and mind can be cured by teaspoonful doses three times a day of some chosen specific, or a remedy to be applied in "five-minute shocks of prayer or hysterical exhortation," which is expected to do the work of temperance, sobriety and chastity.

"Unfortunately, there are always quacks to be found to minister to this desire for a short and easy way, with patent systems of education for the mind wherewith the most ignorant may become a Newton by taking a brief course of lectures, patent foods to replace beef tea and bread, patent medicines as a substitute for common sense, and patent methods of salvation to obviate the difficulties of walking in the straight and narrow way."

The ugliness of selfishness has seldom been more faithfully pictured than it is here; and very grave are the author's warning words. Chapter VI, dealing of sympathy, its use, and abuse, is a revelation of the depths to which one may sink once one falls a victim to self-pity and self-regard.

The treatment of nervous disease by the clergy, Dr. Mitchell touches warily,—with gloves on one may say, and a hint of disparagement for the cure that must necessarily be withheld from the Jew, Turk, and infidel.

Charities in an editorial on the White Slave Trade gives startling statistics in regard to the exportation of American girls to Japan for immoral purposes. So many have thus invaded the Asiatic ports that, among the natives, "American girl" designates the inmates of the disorderly resorts in their foreign settlements. It is estimated that in this country in Chicago alone 6000 recruits are brought in every year, and not more than twenty per cent. enter the life voluntarily; the rest are betrayed, entrapped, and sold into it.

In *Charities* for February 20 is a report of the legislation being conducted in twenty different states of the Union bearing upon the question of the control and extermination of tuberculosis.

"Good English is mainly the result of association with those who have it. It comes by contagion and not by drill. We learn to talk well, just as we learn to talk at all, by listening. Good English is a part of courtesy and honor and chivalry. It is not conformity to the rules in a text-book; it is conformity to the gentlest and noblest spirits around us and before us."—PRESIDENT FAUNCE.

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EDITORIAL COMMENT



PLACE OF THE YOUNG GRADUATE

As we glance over the notices of the commencement exercises recorded in our pages at this season of the year, and note the long lists of names of young women who are ready to take their places in the nursing world, the question sometimes arises, What are they all going to do? Where is there room for them?

Of one thing we may be sure, that the old saying, "There is always room at the top," holds true in the nursing profession as well as everywhere else. If all these young nurses are entering the field of action filled with the highest ideals, full of zeal for the public welfare, eager to be of service to suffering humanity, there cannot be too many of them. Never has there been a time or place in which there were too many good, earnest, unselfish nurses, though there are often sections that are overcrowded with the self-seeking and mercenary.

It is interesting to note how the demands for special lines of nursing service change as the years go by, and how each set of recruits finds its own special field awaiting it. In the beginning of training-school days, the nurses who graduated were pioneers, sent out to break paths for the rest of us both in hospitals and in homes, and how well they did it we sometimes forget to consider. Then, as schools increased, there came growing demands for superintendents, almost more than could be filled. Private duty always has and always will demand the services of a great portion of our graduates, but the fields that seem now in special prominence and specially in need of workers are those connected with the various forms of social service. Work for the insane, for the tubercular, for school children, for convalescents discharged from hospitals, for those who visit dispensaries, for the poor in their homes, all these are calling for specially trained workers and fortunately our schools are rising to meet the demands and are sending out nurses who have special opportunities along some of these lines.

Our longer period of training, our better teaching, our improved opportunities of seeing many sides of philanthropic as well as nursing work, all demand a higher and finer service from those privileged to enjoy such opportunities. Higher education brings with it increased obligations. All these improvements are not for our own selfish use but are to fit us to be better instruments for the use of humanity.

One call which should meet with a ready response from every right-minded young worker is that to the Red Cross service. How triumphant we should feel if every name of every graduate were at once enrolled on the reserve list, and there is no reason why the names should not be there. In time of war or calamity only those who are at the time free from professional duties are expected to respond, but for just that reason there must be a long list to choose from. The Red Cross nurses are also the army reserve corps and stand back of the regular army nursing service just as the militia stand back of the army. Although all nurses are welcome to enlist, the appeal is made especially to the young and vigorous, those who would be able in an emergency to put up with irregular food and sleep, long hours of travel, and work under unusual conditions. Every true nurse would be glad to meet such conditions but those older in the fray might prove physically unequal to the demand.

In welcoming the new graduates to our ranks, let us hope that they will bring fresh courage and new ideas while we, in turn, share the results of our experience with them.

NURSING IN MISSION STATIONS

Two years ago, a department was started under this heading with the hope that it might prove a means of communication between the many nurses of many creeds who are scattered over the face of the earth, whose aim in life is the same,—to bring the knowledge of healthful methods of living to those who are deep in superstition and ignorance. The result has exceeded our expectations, and our only difficulty has been to choose from the material sent us that which should come first. Just at present the Visiting Nurse and Mission Stations departments are being alternated because of lack of available space in the *JOURNAL*.

Some one asked us recently just what the work of a missionary nurse is. That would be hard to say. She is always the physician's assistant in his hospital and dispensary work. She is usually both matron and superintendent of the hospital as well, and possibly she will have a band of native women to train, teaching them, it may be, reading and writing, in addition to nursing. She may find text-books already translated for her use. She may find nothing prepared and may make her own text-books from old ones of her own, or from articles in nursing magazines, translating enough for a lesson at a time. She must always, of course,

master the language of the country in which she works, and if she possesses any accomplishments, either useful or ornamental,—such as cooking, sewing, singing, playing the organ,—she may be sure they will be needed. Reports come to us of nurses who have planned new buildings, overseeing the work themselves; of others who have planned systems of sewerage, drainage, etc. Any one who is weary of the ordinary routine of civilization will find her powers taxed in new ways on the mission field, but no one should attempt missionary nursing who is not prepared to put up with many personal discomforts and to cling to her faith in humanity in the face of dirt and degradation.

Already nursing associations are being formed in different countries where, a short time ago, trained nurses were unknown. In China there is a movement toward organization, a call having been sent out by Dr. Cousland of Shanghai, and the editor of the *China Medical Journal* has offered space in his magazine for a nursing department. A great deal of the higher educational work in China is on the interdenominational plan, and it is to be hoped that the nursing societies will organize in the same way.

In Nanking, China, a Union Nurses' Training School has been established and has graduated its first class.

In India the recently formed Association of Nursing Superintendents, while not a missionary organization, includes missionary nurses in its membership.

In England the Nurses' Missionary League has a membership of 942, of whom 294 are volunteers—those who expect to do missionary nursing. The League supports five beds in mission hospitals and a native nurse in India.

Various new branches of medical and philanthropic work are opening, such as the school in Pau-ting-foo, China, for deaf and dumb, and the Light Giving School for Blind Girls in Canton. In a country where the proportion of blind is so great, this seems to be the only place of instruction for those so afflicted. The natural fate of a blind girl there is to be sold into a life of shame. Dr. Mary Niles, who has carried on this school from the beginning, undertook it because she was so moved by the pitiable condition of her blind patients. She teaches these girls to read and write by the Braille system and they also learn to sew, to knit, to do housework, to sing, and to play. The graduates have proved most valuable as Bible women and teachers. If China, in its awakening, establishes blind schools of its own these women will be in demand as teachers. There is as yet no provision for teaching blind boys.

There are many dark places in our own land as is shown by two communications in our letter department in this JOURNAL. When a nurse

finds ignorance and filth in the home to which she is called, the spirit with which she enters the house will make or mar her usefulness. If she is critical in her attitude, feeling superior to those about her, and keeping her thoughts chiefly on her own comfort, she will do very little good either as a woman or a nurse. If she can adapt herself to her environment and bring order out of chaos without demanding the impossible or making others uncomfortable by her disdain, she is a true missionary.

Such conditions in our own land may be described as islands of darkness in a sea of light, while the mission stations in foreign lands may be called islands of light in a sea of darkness. We cannot realize the cruelties inflicted on women and little children where superstition and ignorance take the place of medical science.

A quotation from Miss Bender, of Shanghai, shows what problems confront our missionary nurses: "Not until we have good capable nurses in our mission hospitals will the hospital amount to very much, and unless we nurses undertake the responsibility of training the native women as nurses they will never be trained. Taking in a few coolies or unqualified women and trying to make them answer is not the best that we can do."

FLIES AS CARRIERS OF DISEASE

THE New York Education Department in *Bulletin* 129 has issued a pamphlet on "The Control of Household Insects," by Ephraim Porter Felt, D.Sc., from which we have taken the following facts about the common house-fly:

Flies have been proven to be the carriers on their hairy legs and in their bodies of the bacilli of typhoid, cholera, tuberculosis, and certain forms of diarrhoea. Under certain conditions they may aid in spreading smallpox, plague, trichoma, septicæmia, erysipelas, and leprosy, and play an important part in the mortality of bottle-fed babies. They breed by preference in horse manure, to a limited extent in cow manure and in miscellaneous filth. One fly may deposit one hundred and twenty eggs; the young maggots hatch in less than twenty-four hours, completing their growth in from five to seven days. The life circle is complete in from ten to fourteen days and there may be ten or twelve generations in a season. Twelve hundred flies may be bred from one pound of manure. Fly specks have been found to contain the bacilli of cholera. Flies usually breed within from three to five hundred feet of the place where they are abundant. They do not breed in the dark.

Garbage and refuse receptacles should be tight and closely covered. Manure pits should be screened and emptied at least once a week, or the manure kept in dark closely covered concrete pits. The old fash-

ioned privy box should be abolished when possible. It may be screened and used as an earth closet. We have seen this easily done by using the ashes from the kitchen stove in sufficient quantity to keep the pit dry and the contents covered; this also controls the odor that makes so many country yards offensive.

In the crusade against the common house-fly nurses will play an important part—preaching the gospel of screens and cleanliness, showing the ignorant and careless how to clean up the breeding places if near at hand, and how to protect the food, the baby, and the house from the invasion of those disease-carrying little legs and bodies.

That terrible little boy whose evil nature was early manifested by a persistent determination to catch flies and pull out their legs and wings can no longer be held up to the children of the future as an example of cruelty and wickedness. He has been wiser than his generation, that is all, guided by an inherent instinct of self-preservation.

CENTRAL REGISTRIES

IN this number we have given a little paper read at the tenth anniversary of the Boston Nurses' Club which furnishes a history of the origin and development of one of the first central registries managed by a nursing organization. Previous to the establishment of the Boston Nurses' Club the registry in Boston had been conducted on lines similar to those of Philadelphia, under the auspices of a medical library. When the nurses broke away from the dominance of the medical society and established a registry of their own, it was considered to be a step of very grave responsibility, with the chances of failure seeming to be great.

The success of the Boston Nurses' Club and its directory should give assurance and courage to the nurses in all of the great centres who are hesitating to establish a central registry of their own.

One of the notable events of the year has been the organization, on the basis of a stock company, of a central registry in Baltimore under the auspices of the Maryland State Association. Previous to that we have had successful central directories in Washington, Cleveland, and other smaller places, which have been notably successful; in fact we have yet to hear of the failure of any that has been established by nurses.

We believe the establishment of central directories to be a necessity, more especially in those states that now have laws in operation for state registration, that there may be a place to which the people naturally turn in order to secure registered nurses.

THE TUBERCULOSIS SCHOLARSHIP

It may not be perfectly clear to everyone that the tuberculosis scholarship is open to nurses of the whole country. The chairman of the committee having the work in charge is Miss Goodrich, of Bellevue

and Allied Hospitals, with Miss McKechnie, of Nassau Hospital, as secretary, and an outline found in the official announcements gives further details of how to make application. We wish again to recall to our readers that this fund is the surplus of money contributed for a nurses' exhibit at the Tuberculosis Congress in Washington last year, left after all claims had been met.

PROGRESS OF STATE REGISTRATION

WE hear that the Pennsylvania bill has been signed by the Governor, but we have not received any official announcement or a copy of the bill for publication.

We publish in this issue the bill passed by the Missouri state legislature which became a law on May 5. While on first reading there seem to be some questionable conditions in the Missouri bill, the fact that they are undefined and capable of varying interpretation may be construed as giving breadth for greater development than seems apparent.

As we close our pages a telegram reaches us with the news that the Michigan bill has passed the senate.

THE CONVENTIONS

As this number of the JOURNAL goes to press, a number of the far-away members of the national societies will already have begun to journey toward Minneapolis. The Minnesota nurses have been such faithful supporters of our national work and have been so anxious to have us meet with them that we hope they may have in their midst one of the very best of our conventions, and certainly it is an unusual honor to have all three at once, the Superintendents, the Federation, and the Associated Alumnæ. The JOURNAL extends greetings for profitable meetings and happy reunions of old friends.

MISS MCISAAC'S WITHDRAWAL

The associations affiliated with the Associated Alumnæ have learned through the secretary of the withdrawal of Miss McIsaac's name as candidate for the presidency. This news has been received with regret in every part of the country as she was the unanimous choice of the affiliated societies. At the Minneapolis meeting nominations for the presidency will have to be made from the floor.

Miss McIsaac's reasons for withdrawing could not have been foreseen; they were entirely personal and arose most unexpectedly at the eleventh hour. She received an offer to engage in remunerative literary work which she must avail herself of and which would leave her neither time nor strength for other demands.

SPECIAL DIETS AND TEST-DIETS AS PREPARED IN THE NURSES' DIET KITCHEN OF THE MASSA- CHUSETTS GENERAL HOSPITAL

BY E. GRACE McCULLOUGH
Dietitian, Massachusetts General Hospital

To meet the needs of the dietetic regime, which stands for so much in the treatment of many diseases to-day, we find in the large majority of hospitals a dietitian, a diet kitchen, and the nurses trained to intelligently carry out feeding orders in a place set apart where such important work can be done, equipped with suitable appliances and founded upon hygienic and economic lines.

In a well-appointed diet kitchen at the Massachusetts General Hospital, Boston, the nurses have ample opportunities for a broad, general knowledge along the lines of this important subject. After courses of lectures and practical cooking each nurse has a six weeks' service in the diet kitchen where she spends the entire working hours in the preparation and study of foods for the various diseases as ordered by the doctors.

Apart from the usual diets found in hospitals and known as: house diet, house diet with care, extra diet, enteric diet, liquids with and without milk, soft solids or light diet, there are a number of special diets requiring special care in the preparation and serving.

Much stress is laid upon test-diets in order to determine the ability of the patient to properly assimilate fats, proteids, or carbohydrates. These test-diets are known as "fat-free days," "sugar-free days," "vegetable days," "oatmeal days," and a diet giving the proper amount of bulk, containing little proteids and carbohydrates, with the caloric value of the fat so low that it is styled "starvation day."

The main test-diet is the Schmidt diet as modified by Dr. Hewes.¹ It runs three days, beginning with breakfast, and is as follows:

Schmidt Diet.—Morning. Fifty grammes zwiebach; $\frac{1}{2}$ litre oatmeal gruel, made of 40 grs. rolled oats, 200 c.c. milk, 300 c.c. water, 1 egg, 10 grs. butter. 11 A.M. $\frac{1}{2}$ litre milk.

Noon. 125 grs. chopped beef broiled and made palatable with 20 grs. butter; 250 grs. potato mashed with 10 grs. butter; 50 grs. toast. 4 P.M. One-half litre milk.

¹ Dr. Hewes, Physician to Out-Patients, Massachusetts General Hospital.

Night. Same as morning. (Stools third and fourth days.)

It is carefully weighed, measured, and prepared, and one-fifth additional of the amount served is sent to the laboratory for analysis. All the patient does not consume is weighed and deducted; all urine and faeces are calculated.

Gastric Ulcer Diet.—As gastric ulcer is the breaking down of gastric epithelium, there is a disturbance of the stomach circulation and hyperacidity of the gastric juice. The diet consists in abundance of proteid food carefully given under the assumption that the excess of acid in the stomach will be neutralized, thereby facilitating the healing of the ulcer. During the critical stages of the disease only food by enema is prescribed. When food by mouth can be given it begins with very small amounts at short intervals. There are two diets in use as follows:

1. "The Lenhartz Diet." The "Lenhartz diet" begins with 100 c.c. milk and one egg daily, in teaspoonful doses, gradually increasing until at the end of four weeks a liberal mixed diet is allowed, always avoiding coarse vegetables and irritating substances.

The gradual increase of food appears in the accompanying scale.

In preparing the eggs they are beaten very light, *without salt*, a small amount of sugar frequently added, the bowl kept in a pan of cracked ice. At first the milk is given with shaved ice. Some of the milk, eggs, and sugar are made into custard on the tenth day. The beef is scraped and weighed after cooking; the ham is chopped very fine; occasionally lime water has to be added to the milk, and, if large curds form, the milk is diluted with barley water. Great care is exercised in the transition stages from liquids to semisolids and finally to full diet.

2. Dr. Hewes's Diet for Gastric and Duodenal Ulcer. Two oz. milk, 1 soda cracker (powdered), 1 oz. sugar, every two hours. Give two to three days, then increase to 6–8 oz. milk, 1–2 oz. sugar, 4 soda crackers, every two hours. Continue for two to three weeks, then adopt the following: Eight feedings in 24 hrs.: (1) milk and crackers; (2) Indian meal porridge with cream or salt; (3) potato purée, jelly; (4) milk and whites of two eggs; (5) soft custard; (6) hot chocolate; (7) pea purée strained through fine wire mesh; (8) milk and crackers.

"The dietary regulations for kidney diseases are based upon two general principles. First, to save the diseased organ all superfluous work, second, to eliminate all irritants from the diet that would stimulate it to increased effort" (von Noorden). Another factor in selecting the diet is to determine which end products are readily excreted from the diseased kidney and which are not, and to exclude all those articles

of food whose end products are eliminated with difficulty. In this way the organ is protected from an accumulation of waste products, more or less toxic.

Lenhart's Diet

Day.	Eggs	Milk cc	Sugar grs	Meat grs	Rice grs	Greenbeans grs	Ham grs	Butter grs		
1	1	200								
2	2	200								
3	3	300								
4	4	400	20							
5	5	500	20							
6	6	600	30							
7	7	700	30	35						
8	8	800	40	70	100					
9	8	900	40	70	100	20				
10	8	1000	50	70	200	40				
11	8	1000	50	70	200	40	50	50		
12	8	1000	30	70	300	60	50	40		
Continued for 3 weeks.										

Among the important renal diseases we find nephritis, diabetes, and oxaluria. Nephritis, being acute inflammation, is characterized by different conditions with many symptoms calling for various treatments. Although theoretically milk and eggs should be excluded from the diet,

milk still holds first place, but the rigid enforcement of a milk regimen has practically been given up owing to counter difficulties. Dropsy may be considered almost a constant symptom. To do away with the fluid, salt is entirely excluded from the diet and the amount of liquid reduced as necessary.

Diet for Acute Nephritis, Uric Acid Gravel (Dr. Hewes).—Four days. Milk, 800 c.c.; 32 per cent. cream, 300 c.c.; bread, 200 grs.; butter. Feed six times a day with mixture of milk, 150 grs.; cream, 1 oz.; bread, $\frac{1}{2}$ slice.

Fifth day adopt the following: milk, 800 c.c.; cream, 300 c.c.; rice, 50 grs.; tapioca, 50 grs.; bread, 100 grs. Occasionally ice cream or custard.

Vary diet from day to day in above limits. If œdema is present and fails to disappear change above to dry salt-free diet. At the start give no more liquid than above; after the œdema is gone water can be given as desired.

Special Dry Salt-free Diet.—Morning. Salt-free bread, 2 slices (toasted if desired); an abundance of salt-free butter; maple syrup if desired. 10 A.M. Rice with small amount of cream or sugar (no syrup).

Noon. Mashed potatoes with butter, *no salt*; salt-free bread, 2 slices; salt-free butter. 4 P.M. Rice, tapioca, or baked custard.

Supper. Salt-free bread, 2 slices; salt-free butter; 2 eggs, soft cooked; 1 orange daily.

Caution. Limit liquids to one pint a day, including milk and water.

Salt-free Nephritic Diets (Halpin).—No. 1. Milk, 1500–2000 c.c.; white salt-free bread, 400–500 grs.; butter (salt-free), 40 grs.; eggs, 4–6. (5–6 grs. NaCl contained.)

No. 2. (Widal and Gadewude.) Salt-free bread, 200 grs.; salt-free butter, 50 grs.; salt-free beans or rice, 250 grs.; meat, 200 grs. (beef, chicken, or mutton); sugar, 40 grs. (1500 calories.) (1–2 grs. NaCl contained.)

No. 3. Potatoes, 700 grs.; salt-free bread, 200 grs.; salt-free butter, 50 grs.; cream cheese 50 grs. (2000 calories.) ($1-2\frac{1}{2}$ grs. NaCl contained.)

No. 4. Potatoes, 1000 grs. without salt; meat, 400 grs. without salt; salt-free butter, 80 grs.; sugar, 100 grs. (2000 calories.) (1–2 grs. NaCl contained.)

No. 5. Potatoes, 16 oz. (without salt); rice, 6 oz. (without salt); meat, 4 oz. (without salt); cream, 8 oz.; eggs, 2 (without salt); sugar to taste.

Diabetes.—Diabetes is defined as a disease where there is an excess of sugar, as glucose, in and excreted by the urine. In no other disease does the regulation of the diet so strongly apply. Dr. Kuelz emphasizes that it must be carefully selected for every case. So many things have to be taken into account that it is impossible to have any hard and fast rules, but remember, "It is men we have to treat, not symptoms."

The disease is due to a disturbance of the metabolism, with several organs involved. Recognizing the digestion of carbohydrates, it naturally follows that they are the first to be eliminated from the diet. The first essential is to ascertain what is known as the "tolerating power" of the individual, which is secured by test-diets. All diabetic breads, gluten flours, and similar articles have been abolished, as in the old order, owing to the fact that they all contain a high percentage of starch, and many of those advertised are frauds. It is considered better to give a definite number of grammes of good white bread with the starch percentage known, usually beginning with 100 grs., reducing to 50 grs., then 25 grs., and finally to none at all. The time of day for this intake of carbohydrate is considered. Many patients in the early morning, when the stomach is empty, are very sensitive, and the sugar content immediately rises. The action of certain carbohydrates is different in patients; some can tolerate the sugar in milk better than the same amount in starch; some bear the starch of oats or potatoes better than that of wheat or rye.

So great is the tissue hunger, as in severe cases, that when the carbohydrates are excluded from the diet and the stored up glycogen can no longer supply the demand, the proteid is attacked and as a last resource the fats are called upon to yield up sugar (von Noorden).

Authorities consider that, of the proteids, sugar is most readily transformed from casein; the next resulting from the legumens (peas, beans, lentils); egg albumin and the albumin of cereals have the least power of producing glycosuria.

The presence of acetone bodies is assumed to be due to the absence of carbohydrates and to the action of the lower fatty acids. As vegetable fats and the fat of lean meat contain very little of the lower fatty acids, they can form a large part of the diet. Butter is the only ordinary article of food that contains a large amount, in the form of butyric and acetic acids, and as they are soluble in water a thorough washing of the butter will almost do away with this condition.

Diabetic Diet (Strict—Sugar-free).—Contains about 20 grs. of carbohydrates, calories 2800, proteid 110 grs.

Breakfast. Bacon, 100 grs.; eggs, 2; orange, 1; coffee with saccharine and cream. 11 A.M. Cheese—cream or Swiss, 50 grs.

Noon. Beef, veal, lamb, or chicken, 100 grs.; lettuce or tomato salad with oil; spinach, onions, cabbage or cauliflower, olives; custard made of eggs and cream with saccharine, or ice cream made the same way. 4 P.M. Soft cooked egg with butter.

Supper. Fish, 100 grs.; cucumber salad with oil; asparagus or beet tops; mushrooms, nuts; give all cream and butter possible. Vary diet within above limits. Sixty per cent. centrifugal cream is used, diluted with water.

At start give above diet with addition of 200 grs. bread. After 2-4 days decrease bread gradually 100 Gm.—50 grs. to strict diet. If acidosis increases with strict diet, give large doses of soda. Control in this way, and by changing diet.

If patient has increasing acidosis on strict diet and soda 8 oz. a day, try method of starvation one day, vegetable diet (no carbohydrate) one day, oatmeal, 250 grammes one day, alternating. The same plan may be tried if there is failure to get sugar-free urine on strict diet; but first try plan of cutting down proteid on strict diet, replacing with more cream and butter, as sugar is made from proteid. Keep on strict diet one month after using sugar-free—then add bread 25 grs., etc.

Oxaluria Diet.—Oxaluria, as the name signifies, is an excess of oxalate of lime in the form of crystals in the urine, usually affecting the nervous, irritable dyspeptic. It is considered that possibly the frequency of the disease among the poorer classes is due to an excessive vegetable diet, sugar and starch foods, combined with irritating activities. The diet should be carefully regulated though liberal. All vegetables and drugs containing oxalates must be avoided; all lime or hard water should be forbidden and replaced by boiled or distilled water. Sugar should be prohibited, coffee and tea replaced by milk.

Avoid asparagus, celery, cauliflower, green beans, tomatoes, spinach, rhubarb, potatoes, sorrel, carrots, parsnips, berries, apples, pears, plums, grapes, chocolate, and cocoa. Cut carbohydrates low. Give this: (1) eggs, toast, milk; (2) meat or fish, green vegetables, except those forbidden; peas, onions, custard, fruit, ice cream; (3) cereals, cold meat, cooked fruit, except forbidden forms.

Special Fat-free Diet.—Breakfast. Lean meat, 100 grs.; toasted bread, 50 grs.; coffee with a little milk and saccharine (no butter, no cream, no sugar). 11 A.M. Albumin water of 2 eggs.

Noon. Clear soup, fat-free; bread, 50 grs.; lean meat, 100 grs. 4 P.M. Albumin water of 2 eggs.

Supper. Lean meat, 100 grs.; bread, 50 grs.; rice, 50 grs.

Diet for Acute Colitis (Dysentery).—Purge and starve one day, then: lean meat, 100 grs., 3 times daily; albumin water of 2 eggs, 6–8 times daily. Continue for 4 days, then add: skimmed milk, 16 oz.; toast (no butter), 3 slices with maple syrup; rice, 50 grs. daily. After 10 days increase toast, give butter, macaroni, tapioca, cream cheese and Indian meal mush.

PSYCHOTHERAPY AND THE TRAINED NURSE*

BY WALTER MORRITT, PH.D.

IN this paper I shall omit any description of the Emmanuel Movement, taking it for granted that you are familiar with its history, aims, and development. I shall content myself with a brief statement of the underlying basis of the movement and its significance for the trained nurse.

The fundamental principle in all psychotherapy is mental suggestion. Modern psychology has discovered that there is a second self within us, and this second self which controls so much of life's activities is highly suggestible. This power of suggestion rests upon the principle known in psychology as dissociation, *i.e.*, the separation of the conscious from the subconscious self, and the active agent in all suggestion is faith. From 90 to 95 per cent. of all people are suggestible, and theoretically we are all so as long as we are ignorant of the subject. Nobody is absolutely refractory to suggestion. All depends upon the psychological moment in which we find ourselves.

The difference between suggestion and ordinary advice addressed to the conscious reason is that the former enters into the understanding by the backstairs while logical persuasion knocks at the front door.

There are several ways by which dissociation can be brought about and suggestions made. It can be done in normal sleep, in the waking or half-waking condition, and in hypnosis.

There seems to be pretty general agreement as to the value of suggestion in mental therapeutics and the battle that is now on is as to whether the physician or the preacher should wield the weapon. With that discussion we are not here concerned. One thing is clear to my mind, namely, the nurse *has* a relation to this movement more intimate than that of *either* doctor or divine. You say at once: "But the nurse

* Read at the March meeting of the Pueblo Trained Nurses' Association, Pueblo, Col.

is not there to prescribe." True, but she is there to help the patient get well, and no disease is purely physical.

The ordinary nurse dislikes the neurasthenic case largely because she does not understand the reality of the disease in the absence of physical lesions, and partly, also, because in hysterical cases there is not only the appearance of fraud, but often a perverted mental bias that takes pleasure in fault-finding and setting the nurse against the doctor and vice versa. The nurse should remember that because hysteria is mental it is not necessarily fraudulent and that pain is *never* imaginary. "Born not made" is undoubtedly the distinguishing motto of the nerve-nurse, though the training is absolutely necessary also. The lack of good nerve-nurses makes the treatment of neurasthenic cases more expensive than it should be by compelling institutional treatment in almost all cases.

1. *Why the Nurse is Concerned.*—People buy goods of the merchant they like, the groceryman they like, the dairyman they like. In all trades this personal factor is taken into account. A dry-goods clerk is more in demand because people like her, she knows how to help people to suit themselves in their purchases; but more than in any other department of life does the personality of the nurse count in helping people to get well. If the personality of the physician is important, how much more that of the nurse who is constantly with the patient. She is often taken into confidence more than physician or clergyman. The patient has confidence in the nurse's technical skill—why should she not make use of this faith, and thus often hasten the patient's recovery? Nursing thus becomes an art as well as a science. Patients cannot be repaired like an automobile,—the mind must be taken into account. Without the full confidence of the patient no nurse should continue to attend her patient.

In all instances in battle the soldiers on the victorious side easily recover from serious wounds and mutilations, while on the other hand those upon the side that is defeated die of mere trivial inflictions. One can hardly overestimate the significance of suggestion in the hands of the trained nurse, the disciplined woman, acquainted with the natural history of diseases, qualified by education to care scientifically for the sick, and singularly blessed with opportunities that are at once life-serving and life-saving. Through a judicious use of suggestion she can often exercise control adequate to arrest exaggerated destructive change, to re-establish the processes of repair, and thus carry the patient through the crises of disease.

She has it in her power to render invaluable service along this

new line of psychotherapy. The state of physical and mental peace, induced perhaps by gentle massage, marks a favoring conjuncture of circumstances for impression in the desired line,—for dispelling morbid fears or expectations; for assurances of recovery where there is reasonable hope; for the correction of insomnia and the establishment of habits of sleep; for the removal of all conditions that root themselves in the spurious apprehensions, distrust, and indecision of neurasthenia. Millions of human beings have prematurely died because of improper, but reversible, attitudes toward the diseases that held them in shackle.

2. *How the Nurse is Concerned.*—The nurse is never to interfere with the doctor's treatment, but, assuming it to be correct, is to render it effective by assurances given by suggestion. This is intelligent supplementary treatment. For instance, as a patient lapses into sleep through massage, a most favorable opportunity presents itself for suggestion.

In the employment of suggestion, you are only helping your patient to help himself. By the intelligent and judicious use of suggestion you can make a very trivial disorder out of a serious pathological condition, so far as the results are concerned.

Some people help one more than they know by just being themselves. "A bright smile on a dark day takes so much of the darkness away. It is the little things that mean so much; the small things that are so great."

The nurse assists or retards every disease she encounters, therefore do not underrate the influence of your own personality. Learn to give confidence to your patients. The influence of the nurse is contagious—the entire family takes its cue from the nurse. Oliver Wendell Holmes has said that a smile is worth \$5000 a year to a doctor. It is worth a good slice of that to a nurse.

You are all familiar with the value of expectation in the action of a remedy; the nurse can *arouse* that expectation. She can stimulate the will to get well and live. She may increase the power of the medicine she gives by strengthening the faith of the patient in it. On the other hand say to your patient: "Take this medicine, or this electric treatment. I do not much believe in electricity but the doctor prescribes it," and the effect is nullified. When a consultant is called, the nurse can help his success by dwelling on his wonderful powers, before the patient.

In preparing a patient for operation the nurse may frequently prevent struggle and terror, and decrease the amount of nausea by a little wise mental suggestion.

Your face should not betray you in the sick room. The woman of cheerful countenance restores the patient by her helpful, buoyant spirit, while others who are constitutionally grave and desponding depress and distress him. These often unwillingly hinder the cure they are anxious to promote. Indeed, so great is the mental factor in therapeutics that it is not too much to say that inferior medical skill, with a good and assuring nurse, is more likely to effect a cure than a superior skill with a depressing nurse. "The mind casts a shadow just like the body."

"If I should summarize the qualities in a nurse that injure her patient they would be: fear, hesitancy, depression, ill temper, verbosity, levity, too much solemnity, artificiality, hurry, impatience, carelessness, forgetfulness, and vanity.

"The helpful influences in a nurse would then naturally be: dignity, simplicity, brevity, decision, interest, sympathy, candor, naturalness, certainty, cheerfulness, hopefulness, good temper, courage, carefulness, patience, and faithfulness."

Cultivate a cheerful temperament; gentle cheerfulness is a never-failing source of influence. It is a nerve tonic and stimulant; it cheers the timorous, encourages the despondent, and comforts the despairing.

An important element of success in the treatment of nervous cases is confidence in the nurse. Many physicians are not aware how this person can weaken or wholly frustrate all efforts at a cure. "A case occurs to me that, treated by the Weir Mitchell method twice, only resulted each time in failure and actual loss of weight. Secret sapping of the doctor's influence with neglect of orders was the cause in one; and open rupture of the two, neutralizing all efforts, in the other. The case was difficult, but with agreement between the two was eventually successfully treated."

I must not omit here to emphasize the fact that a great element of success in nursing is a close study of the patient's personality and mental calibre. This so often requires, even in two suffering from the same symptoms, a course of treatment in one case entirely different from that required by another. The personal factor is so comparatively valueless in ordinary physical diseases, such as pneumonia or gout, that one is apt never to consider it until one finds from disastrous experience that its proper consideration is in its way quite as important as accurate diagnosis.

The neurasthenic nurse is a being yet to be evolved as a definite product, but she is sometimes met with as a chance growth in out-of-the-way places.

Then there is the moral side of the trained nurse's opportunity.

She will find skeletons that she can drag out of closets and clothe with fair rounded proportions. She will encounter evil bents and perversions in children that she can obliterate. She will become apprised of drink and drug habits that she can efface by forceful suggestion in states of convalescence, and so provide against their subsequent expression.

Surely no nurse would give expression to pessimistic beliefs or attitudes in the sick room. It is hers to fan the flickering flame into a blaze of hope and assurance. The opportunity and obligation are inseparable. For the time being she stands in closer relation to the patient than the nearest of kin; and it becomes her Christian duty fearlessly to exploit this instrumentality for the physical, moral, and spiritual uplifting of the soul whose fashioning is temporarily in her hands.

Conclusion.—If human beings have within them that psychic element which can be evoked under extraordinary conditions to so increase the normal resistive powers and capabilities of both mind and body, why should you not, as nurses, in a sense be generals or leaders, and in your daily relations with your patient evoke latent energy and heighten normal resistive powers to the ravages of any disease, acute or chronic, organic or functional?

There are two mighty powers for good in every trained nurse—what she *knows* and what she *is*; but as a rule she only values the former.

The best nurse is the one who inspires the most hope. The successful in all departments of life are enthusiasts. The simple country maiden, Joan of Arc, by her enthusiasm and unwavering self-confidence headed the French army in the face of defeat and led her stalwart troops to victory.

The success of the modern physician depends measurably upon the co-operation of the trained nurse. She is the doctor's right hand; and to the patient, she is the friend that makes him do what he can to lift himself from physical and mental depression and place himself unreservedly in the hands of his own best spiritual self.

The fact is, a nurse is weighed in the balance as no one else. Every act, every word is seed which will surely produce fruit. All she does has a double force. She is in more intimate relations with the real characters of her patients than any other person, hence her tremendous responsibility and opportunity. Above all else, with all your skill and training, see to it that you retain your womanliness. Do not become too "professional." Let it not be said of any of you, "She was born a woman, she died a nurse."

“THE COOKIN’ LADY”

THE VISITING DIETITIAN AS THE NURSE’S ALLY

BY WINIFRED STUART GIBBS

THE nurse’s part in curing disease is now too well recognized to need special emphasis; physicians who are fair accord to her the credit due, and grateful patients bless her name. A study of the educational forces at work which will, in time, be a potent aid to the nurse brings us to the question of dietetics.

Suppose a world suddenly converted to a thorough knowledge and practice of rational feeding; then fill in the mental picture and one sees many of our human ills wiped out, and the nurse left free to wrestle with such as are not to be avoided.

The time appointed for this happy state of affairs is hastened among the prosperous by many agencies. They have books, and lectures and discussions, and newspapers, until there will soon be little excuse for undernourishment among these enlightened folk, but the army of untutored is another story. What of the children of the poor, who are growing up to form our factory population, and those who, if they are particularly fortunate, may rise to the dizzy and unhealthy height of clerking in stuffy department stores! To be sure many or most of the better class factories provide lunch rooms, where one good meal may be obtained, but the chances are that the employees come from and, at night, return to homes where bread and tea served with fried food make up the dietary. Then, there are the homes where the bread winner, at best, earns but meagre wages, and where the phrase “out of work” has been a household word for two dreary New York winters.

Does not every district nurse recognize these details? It may be of interest to discuss what is being done in New York City by way of an attempt to solve the problem of underfed tenement dwellers.

The oldest philanthropic organization in the city began an experiment two years ago, one which is now beginning to assume the proportions of a success. When New York was having one of its periodical excitements over underfed school children, the Association for Improving the Condition of the Poor said: “If we teach the mothers to feed the children oatmeal instead of fried pork, and milk instead of boiled tea, what effect will it have on the problem?”

So the association is teaching the mothers by means of a visiting dietitian, and the nurses of the staff are glad to ask her to go to their

patients and suggest that fried cabbage and beer, peppers and coffee are not the best possible foods for sick or convalescent persons, who are already prone to disease by reason of the years and generations of bad food behind them.

The district visitors are glad to have the visiting dietitian tell their charges how to make the grocery orders bring the best results in feeding the family.

And the people themselves? They are politely tolerant of the dietitian's "notions" at first, but soon come to an intelligent interest which carries them on to co-operation in a real reform.

How may the dietitian help the district nurse? First, by preventive education; second, by palliative or curative education in the matter of diet.

A little mother of nine looks at one calmly and says that it keeps her busy, but that her school duties and the house-keeping are managed as best she can. Poor mite! Her *summum bonum* is pitifully small; her "dinner" which she proudly "cooks" consists literally and exclusively of pancakes and tea, and when she sees a neighbor's boy pounding her little brother, she sends him about his business with a decision and a vocabulary which would do credit to a woman, and then she breaks into sobbing, which is choked down with a self-control tragic to see in a child so young, and goes on stirring the soup which the "cookin' lady" is showing her how to make for this same small and graceless brother.

Now this picture is not drawn that we may sentimentalize. The "cookin' lady" sees the bones in the thin shaking shoulders of this old little child, and when she sends the small monument of womanly self-control to the table for a drink of milk, she is reflecting sadly on the family history of food unwisely selected and badly cooked, and on the starved nerves fed on boiled tea, and she is bracing herself, not to the consuming of time in lamenting a robbed childhood, but to the task of proving to this family, and to such others as come to her, that even a few pennies wisely spent may help to build a healthy body, and, if carelessly spent, may actually keep that body below its possibilities of good.

"How much can you spend?" is the first question. Not "how much do you need," or "how much should you like," but "how much can you put your hand on, to-day?"

Then follows: "How are you spending it"; and then advice as to improving. Average replies to these questions give such information as this:

The first question, "How much does your food cost?" is usually a poser.

Blank looks and vain attempts to supply figures follow; and the next step for this "cookin' lady" is to give that mother a sugar-coated, nicely hidden lecture on economics, inspiring her to an ambition which shall make her know where she stands, how much she is spending and whether she is getting value received.

So, if she finds that a family of five is spending one dollar and twenty-five cents each day for food and going without warm clothing, she says, "If I show you how to get proper food for one dollar, will you save that twenty-five cents for other necessities?"

If the family is spending a fair proportion for food but is weak and thin, this same "cookin' lady" coaxes the mother to try a "new plan" for a week, and the surprised husband and children find themselves drinking less tea and beer and eating more well-cooked cereals, eating less grease-soaked food, and drinking more milk, and by this time the "cookin' lady" is sure of her welcome.

So easy is it to make these people understand that one is not trying to grind them down in their expenditures, but to build them up in their bodies, and that the sooner they can approach the spending of a sum which will give them the pleasant variety of food which is so advantageous, the better pleased will one be. The plan of instruction in outline follows:

The principles of nutrition, the principles of cooking, and the principles of economy are taught.

The instructor does not discuss arbitrary "standards of living," but she does go into the stores and find the actual prices of food materials, and then she is in a position to talk to her pupils.

In teaching the principles of nutrition and cooking she carries out two sets of dietaries, one, "A," based on the minimum sum which will procure food to maintain bodily equilibrium, the other, "B," with sufficient variety added to be satisfactory.

In both cases, the basis of the breakfast is a well-cooked cereal, but Dietary B has a simple hot dish added. Both sets provide for three quarts of milk daily. "A" has the minimum of butter, "B" has an abundance. Neither "A" nor "B" exceeds thirty cents for meat to serve a family of five, and "A" often offers this dish or a substitute for twenty. "A" has dessert but twice a week, "B" gives a simple pudding every day. "A's" chief lack is in vegetables, "B" furnishes this necessary item. By the student of foods, however, "A" is accepted for what it is, a suggested substitute for a diet of bread and tea, when the family funds are at low ebb.

So quickly do they understand, these eaters of bread and tea, that

the "cookin' lady" is but facing necessity when she tells about the least possible amount of food which shall keep them fed, and that her wish is to spread that least amount to bring the largest possible return in health.

Figures are vitalized when they stand for "rent," "income," and "amount for food," of the C. family. Statistics are forgotten when it is a question of planning the dietary for the C. family which shall be within their income, and yet furnish Johnnie and Susie C. with blood, and bone, and flesh, and nerve-tissue. It doesn't seem like a question of sociology when one is face to face with Mrs. C., and getting to know her as a human being with a problem to meet, least of all is it a time for sentimentality. First of all is it the time for being glad that one is in this game of living if, by leading the way to red blood-corpuscles, one may help others to play the game like men and women.

Here is a family given over to the usual atrocious diet. They have a moderate income, and could afford a reasonable expenditure for food. One day the dispensary physician says to the oldest daughter: "Better go to the board of health office, and let me know what they say to this." "This" is a card to the Clinic for Communicable Pulmonary Diseases. If the history runs from suspicion to proof of tuberculosis in the first stage, the dietitian has her work cut out for her.

Blessings on the sympathetic understanding of the physician in Boston who feels the mockery of telling these people that they must stop work and have plenty of fresh air, milk and eggs, and who writes picturesquely but with perfect understanding, "One might as well say, 'Have a star' or 'Take a slice of moon.'"

But even as the nurse must taste the joy of battle in the crisis of an acute illness, so the dietitian goes to her battle with colors flying, although she may be faint at heart.

The phases of her problem are these:

The family is absolutely ignorant on the subject of proper food. Unless the most minute care is exercised the family income cannot be stretched to cover this increased demand of special feeding.

The patient herself is still to be won over to a systematic effort to get well.

Lessons follow in the effect of foods, the special food needed in this case, the proportion of these foods, the planning of the family expenses, the cost of food, and in marketing. Is this an easy task? Try it, and see, but if the patient is discharged "cured" isn't it worth the time and effort expended? Hasn't it saved some time for the nurse to put elsewhere?

Suppose another case where conditions are practically the same, with the somewhat important exception that the family has no income at all.

The association thinks it worth while to try the experiment of letting the dietitian provide adequate nourishment as a decidedly helpful addition to her instruction, and the result is "good business," for the instructor has seen the bread winner rapidly pushed on from practical helplessness to an ability to work.

One day the visiting nurse comes in and says, "Please go to my A. family at once; the father has a diseased liver, the mother chronic nephritis, the boy colitis, the girl pernicious anæmia, and the baby intestinal tuberculosis."

The A. family figures more or less extensively in the dietitian's dreams, but she is working away at them, she has made a dietary for each member of the family; she has taught the mother that the diet of starch and tea has been largely responsible for present conditions, the frying pan and the tea-pot are accumulating dust, and the tractable A's are following instructions to the letter, while the dietitian recalls a certain restaurant, whose walls bear the seductive invitation "Try our Mince Pies," and in close contact the suggestion "Trust in the Lord." Thus might she paraphrase and say, "Try our rational diet and trust in the Lord," for she cannot make beguiling promises as do patent medicine advertisers, and give assurance of renewed health after a week of sane living.

The summer details of this work differ essentially from those of the winter. Moderate, steady heat is a potent ally in inexpensive cooking, that is, where meats are concerned, and during a New York summer the heat is steady if not moderate, but it is not available for cooking purposes, so the summer lessons are planned with all possible attention to saving heat and fuel.

The home-made fireless cooker is of practical, proven value in the work. It is made after this fashion:

A butter tub with a well-fitting cover is procured from the grocer, and the order is given to have it filled with sawdust; two yards of denim, some newspapers and a granite pail, with a tightly fitting cover, complete the outfit.

Method of Procedure.—Place loose sawdust in the bottom of tub to the depth of at least four inches. Make a cushion about one foot square of denim, and fill with sawdust. Make a long cushion of denim folded lengthwise and long enough to wrap round the food kettle. This cushion should be filled with sawdust loosely, so that it can be folded about the kettle.

A cooker such as this is not designed to cook a meal, but it does successfully cook the chief dish. When using the cooker one should keep in mind the following points:

Begin the cooking process exactly as if it were to be continued in the ordinary way.

Pack the food kettle as quickly as possible, that all the heat may be retained, as it is this which will carry on the cooking.

Pack, by placing kettle containing food at boiling heat directly on the sawdust in tub, wind long pad around kettle, place square pad on top, fill every possible chink with crumpled newspaper, cover tub with its own cover, and place woolen cloth over all.

DISHES BEST ADAPTED FOR COOKING IN COOKER

	Time on stove.	In cooker.
Cereals	15 minutes	6-12 hours
Stews	30 minutes	12 hours
Soups	20 minutes	12 hours
Legunes (soak 12 hours)	1 hour	12 hours
Pot Roast	30 minutes	12-15 hours
Dried Fruits	15 minutes	12 hours
Broth	30 minutes	12 hours

The cooker is also of great value as a refrigerator. Milk can be kept fresh through a hot night and ice cream will keep its shape for four hours. Pack exactly as for cooking. Cereals can be kept warm for breakfast. Coffee or chocolate are hot enough to serve after five hours, and broth can be kept hot in case of illness.

These cookers do their work quite as well as those on the market, although of course they do not provide for a variety of foods at one time.

In conclusion, here is some advice for any who may wish to do work of the kind.

Acquaint yourself thoroughly with the condition and resources of each home.

Teach by object lesson, as far as possible; cook a dietary, after prescribing it. This is most convincing.

Finally, be prepared for discouragements, but do not lose hope.

WE in reality only know when we doubt a little. With knowledge comes doubt.—GOETHE.

A TEACHER'S VIEW OF SCHOOL NURSING

THERE was once a busy teacher in whose domain a school nurse was installed. This nurse entered her field with ambitions for a big showing. She announced her mission by presenting the teacher with a pack of cards, representing all the colors of the rainbow, and explained elaborately how they were to be passed from teacher to medical inspector, from medical inspector to nurse, from nurse to parent or guardian, then back again from parent to doctor, doctor to nurse, etc. The teacher was to see that the endless chain was kept unbroken. Each transfer was to be indicated by a change in the color of the card.

"But," asked the simple minded teacher, who had always resorted to home remedies and knew nothing of the science or ethics of medicine, "where does the child come in?"

"The *case* must be properly reported and these cards filled out before we can look at *it*," was the professional reply.

"Oh, then, what shall be done with this little boy who is crying with a sore throat? I have written to his mother to take him to Dr. —; he has an office in that neighborhood and is very kind to the poor. I also gave him a small bottle of peroxide, telling his mother to dilute it with water and have him gargle his throat well. Of course I do not wish to prescribe or take any undue authority, but I know the peroxide won't hurt him, and his mother will have to take home a washing before she has any money to buy medicine for him."

"Well," said the nurse, "it would not be professional etiquette for me to look at the child's throat, but I will give him this pea green card for him to present at our clinic Friday" (this was Wednesday). "Now you fill out this olive green card in a similar way and send it to his mother."

"Suppose," said the teacher, whose class was waiting for her all this time, "I should get the cards mixed, would that affect poor little Solomon's throat?"

"Any others?"

"Yes, this little boy's eyes look red, and we've been washing them with a mild solution of boracic acid. Would you show us how to do it?"

"I have no authority to touch the child, but give him this yellow card to Dr. Brown's clinic." The teacher mildly suggested that the little fellow lived at the Orphans' Home, which had its own physician, whereupon the card was quickly changed for one of another hue.

HOUSEHOLD HYGIENE

By ISABEL McISAAC

(Continued from page 576)

III

VENTILATION AND HEATING

THE ventilation and heating of all buildings are very closely related and must be arranged to work in harmony, otherwise there may be too much ventilation for the amount of heat, or, what is more common, too much heat for the ventilation.

In choosing apartments in large buildings one should always inquire into the system of ventilation and heating, it being taken for granted that the inquirer will have an intelligent idea of what good ventilation really is. Also in choosing and planning a house the same consideration should be given to both subjects. It seems contradictory to say that the better a house is built the worse is its natural ventilation; but such is a fact, for a poorly constructed house will have pervious walls and floors with many cracks and crevices which afford good opportunities for the interchange of inside and outside air, but which will greatly enhance the cost of heating. Such construction is very undesirable from the standpoint of comfort and economy.

The common method of artificial ventilation in dwellings is by placing ventilating flues for pure and impure air in the walls with inlets and outlets for the various rooms. These flues or shafts, as they are often called, must be placed according to the heating system, while it should be borne in mind that the movement of air is entirely in accordance with natural laws, and that to label a shaft, "For foul air," does not mean that the bad air will obediently rise in it. Ventilating flues like chimneys must be constructed with due regard for the winds or their object will be entirely defeated.

Nearly all public libraries contain reference books upon the subjects which are valuable to all prospective house builders. Carpenter's "Heating and Ventilation of Houses" is excellent.

In most instances the woman of the household is obliged to endure whatever system she finds in the already built house or apartment, although the daily management is usually her province, and no matter how faulty the arrangement is she is expected to furnish her family with good air and a comfortable temperature.

If there has ever been a single engineer or janitor of an apartment house who did not find fault with the women of every household for "heating all out-doors" he must have died or emigrated, for no record of him has ever been found. To the credit of the housekeepers it can be said that the living rooms are more comfortable and far better ventilated than the corridors. The suffocating heat and thick air of elevator shafts and halls is unspeakable, and it is small wonder that so many of the children look like sickly plants grown in the dark. The effect of overheating and bad air upon the human plant is the same, taking away our resistance and leaving us a prey to the first infectious material which comes our way.

In houses which contain no system of artificial ventilation a regular time for airing the house daily should be established.

Except when dressing, *bedroom windows should stand open the whole twenty-four hours for three hundred and sixty-five days in the year*; to sleep with closed windows ought to be made a legal offense. The writer is aware that many readers will vehemently dispute the foregoing sentence, but after twenty-five years' experience in and out of hospitals, she declines to retract one word of it.

During the cold season particular attention should be given to the airing of bedding, clothing, rugs, cushions, and heavy curtains; a few minutes of open windows in the morning is not enough to remove the impurities of respiration and dust which find lodgment upon them; but the combination of a clothes-line, a bright sun, and a high wind for an hour or two will freshen them and the room to which they belong.

Children's school clothing needs more airing than a few minutes on the back of a chair near the window, and should be put out on the clothes-line all day on Saturdays and holidays.

The steam and odors from cooking are alike an offense in apartments and houses and may be more easily removed if the rooms are thoroughly aired while the cooking is going on and directly after; for if left to permeate curtains, rugs, and clothing the odor will cling to them for days. In all systems of ventilation a keen sense of smell is a most valuable adjunct.

Especial attention should be given to the air of cellars and basements; the warmer air of the upper floors causes the colder air of the cellar to be drawn through—aspirated—floors and crevices into the living rooms, and if the cellar is not supplied with good air the soil air and other impurities must be present in the upper rooms. "Sewer gas" is a convenient scapegoat in many households to excuse foul air and illness, but it is well to remember that if drains are supplied with traps which

have not lost their seal, there is no way for sewer air to find its way into a house except under very extraordinary circumstances: and that the so-called "sewer gas" probably arises from filthy drains and water closets, dirt easily removable with soap, water, and diligence.

The choice of a heating system for moderate sized dwellings seems to lie with the hot water system. The cost of installation is greater for hot water than steam but the cost of maintenance is less.

The hot-air furnace of good make is also satisfactory, but there are two points to be insisted upon in its use: (1) that the opening for the fresh air flue should be at least six or eight feet above the ground level and should never be allowed in the cellar or basement; (2) that the furnace should be placed nearer the colder side of the house because hot air will carry but a very short distance against currents of cold air.

(To be continued)

LUMBAR PUNCTURE

By HAZEL SOUTHARD

Graduate of Lakeside School for Nurses, Cleveland

A LUMBAR puncture is done for two principal reasons: as a diagnostic measure, and as a therapeutic measure to relieve pressure in the spinal canal caused by an excess of fluid such as is present in all forms of meningitis, hydrocephalus, hemorrhage into the spinal canal, etc. Where there is an excess of fluid, great relief is often afforded the patient.

As a diagnostic measure it is very valuable as, for instance, in the epidemic form of cerebrospinal meningitis the specific organisms may be found. The method, if properly done, is a safe one. The patient is placed on his side close to the edge of the bed, the shoulders are bent towards the knees and the knee drawn up toward the chest as far as possible. In this way the laminae of the vertebræ are separated and allow a larger space for the entrance of the needle. Pillows, placed under the shoulders and thereby raising them, sometimes help. It is advisable to cocainize the parts before the insertion of the needle and, if the patient is at all hard to manage, a general anæsthetic may be given.

Thoroughly scrub over the lumbar vertebræ and for quite a space around with green soap and sterile water, using sterile gauze. This is followed with ether, alcohol, and bichloride solution. Sterile towels are placed around, making a sterile field, and the operator, after scrubbing his hands, wears sterile gloves. The space between the fourth and fifth

lumbar vertebræ is the place generally chosen, as pus-cells, bacilli, etc., tend to gravitate toward the lowest portion of the dural sac where they might escape observation if the puncture is performed too high. With one finger on the spinous process of the fourth lumbar vertebra the needle is inserted just opposite about 2 cm. to one side of the median line and at an angle so that upon entrance of the canal it will be about in the middle. A small glass test-tube is held under the needle to catch the fluid. The needle must have a sharp point, because a dull point may push the membranes ahead, instead of going through them, and all efforts be fruitless. The pressure is determined by the rapidity with which the fluid appears; if drop by drop, then a low pressure. Too much fluid should not be withdrawn because of the dangers when there is too low a pressure. Clear fluid may not always be normal. A collodion dressing or sterile gauze with straps of adhesive may be applied after the withdrawal of the needle.

THE BOSTON NURSES' CLUB *

BY SUSAN BARD JOHNSON

THE Boston Nurses' Club is an organization of nurses associated together for business, professional and social purposes. In its membership are represented the various training schools of Boston and its vicinity, and others beyond the state limits. In organization we find strength—we can have and do many things that we could not do or have singly. Through association we gain a wider outlook and the ability to see more than one point of view.

The club idea was suggested in the winter of 1899 by Dr. Pierce of Milton to Mrs. Emily Neal Morse, a graduate of the Boston City Hospital. The nurses took up the suggestion and held several meetings. At the meeting held on April 17, 1899, the Boston Nurses' Club was organized with the very material help of Mrs. William Sedgewick and of Drs. Conant, Coggeshall, Vickery, Sumner, Worcester, Twichell, and Cheney, who had kindly consented to act as Advisory Board. Dr. William Conant was elected president of the club; and he is the one member of the original committee who has served us unremittingly for ten years. The club registry was formally opened on May 22, of the same year.

In January, 1900, the books and furniture which had belonged to the Graduate Nurses' Association were presented to the club, and in March of that year a reading room was established.

* Read at the tenth anniversary of the Boston Nurses' Club, May 21, 1909.

In the fall of 1902 the club removed to its present quarters at 755 Boylston Street, where, beside the rooms that are used as office, lecture room, and reading room, there are sleeping rooms for some of the members.

The question of a real club-house has been discussed at almost all the annual meetings throughout the ten years of our existence, and we hope it will one day be an accomplished fact. It is generally conceded that a series of suites is best adapted for a club-house for nurses.

Of the club life it may be said that the business association in the registry, which holds the nurses together, is the foundation; our social intercourse, the flower; and our ethical purpose, the vital principle.

The club registry, by means of which the physician and public secure trained service, is to the nurse the door through which she gains opportunity for her chosen work. It is business headquarters. The club is also social headquarters, where a member will always find friends and interest; where she may play the piano in the pleasant reception room, or enjoy the current magazines in the reading room; where she may join in the social gatherings on the weekly tea-day, and in the pleasant entertainments that are given quarterly.

Our ethical purpose is to provide the public with reliable nurses and in every way to advance the profession of nursing. As each member is expected to pay her annual dues regularly, so she is expected to pay into the treasury of the club life devotion and earnest purpose—devotion to the ideals of the profession and earnest purpose to carry out those ideals in practical detail.

We know that we cannot be competent nurses if we rest in the achievement of our training; so, in addition to subscribing to the professional journals, we arrange for fortnightly lectures through the school year. In this matter our good friends the physicians have been most kind; and we are glad to take this opportunity of thanking them for their interest and good will.

On this our tenth birthday, we look backward and forward, with gratitude to all who have helped us on our way and with hope for the future, that we may go on to better things—to a larger sphere of usefulness and efficient service.

WHATEVER prohibits or prevents a man from his sacred appointment to labor while he lives on earth—that, I say, is the man's deadliest enemy.—THOMAS CARLYLE.

RED CROSS WORK



A FURTHER REPORT OF THE NEW YORK MEETING

By MARY E. THORNTON, R.N.

THE committee on Red Cross nursing service is to be congratulated upon the success of the conference in awakening interest upon the part of the nurses of the county in the Red Cross, as evinced by the large attendance at all the lectures and the large number who visited the Field Hospital on Governor's Island.

The lectures given by Captain J. F. Siler, U.S.A., on the evenings of April 15 and 16, in Nightingale Hall, were instructive and interesting; in the first lecture Captain Siler went thoroughly into the personnel and materiel of the army; gave the organization of the infantry, cavalry and artillery, indicated briefly the commands of lieutenant generals, major generals, brigadier generals, colonels, lieutenant colonels, majors, captains, first and second lieutenants, dwelt upon the offices of judge advocate general, adjutant general, and upon the work of the inspector general's department and that of the department of quartermaster, the subsistence, the medical, the pay departments, the corps of engineers, ordnance department, and signal corps.

He described in detail the uses of the various hospitals located near the battlefield, and the method of rendering first aid, each soldier being supplied with a first aid box in a water-tight case. This contains two bandages with pads, a paper of safety-pins, and directions for use; every soldier has regular instruction in rendering first aid for a certain definite number of hours every year and if a soldier is found with his first aid box damaged or if he loses it, he may be tried by court martial.

After first aid the wounded are taken to the dressing stations, then to the field hospitals, then to the stationary hospitals; after that to the base hospitals, as the various needs of the men indicate. The method of transportation from the dressing station to the field hospital is by ambulance, if a man is unable to walk (for convenience in transportation hospitals should be located on or near a road); between field hospitals and base hospitals, transportation is by hospital train (these routes having rest stations with diet kitchens at intervals), and thence if men are to be disabled for a long time by hospital ship back to their homes.

Captain Siler spoke at some length upon the subject of the eradication

of disease from the service, emphasizing the fact that, "Prevention is the chief duty of medical officers in the army," dwelling upon the work of ridding Havana of yellow fever, of the fight with the malarial mosquito, of the value of screens and nets, the strict orders issued for the use of these two safeguards, and the careful oversight exercised to see that the orders are followed, it being the rule in malarial districts to make inspection after midnight to see that nets are down and the men protected. But of all the work under way, the campaign against typhoid holds for most of us, especially those who had service in 1898, the greatest interest. The recognition of the fly as the disseminator of typhoid, the steps taken for its extermination or exclusion, the use of sterilizers for the water, the disinfection of barracks, the use of incinerators, were all given in detail by Captain Siler, as well as the method of keeping typhoid patients under observation for ten weeks from the time of onslaught of the disease. At the end of that time (usually six weeks after recovery), if the patient has not ceased showing typhoid bacilli in the excreta, he is excluded from the army. With the welfare of the community of which he purposes becoming a member in mind, he is given a letter addressed to the health officer of that community, setting forth his condition and recommending that he be kept under observation.

Just here it may be of interest to add an interview given a member of the JOURNAL staff, upon the subject of vaccination for typhoid, by Captain Siler:

"This method of immunizing against typhoid has been tried for some time in England and in Germany, England especially having used it with great success during the South African War. Some time ago Major Russell of the medical corps went to England to study the matter; upon his return his report was submitted to a board of prominent medical men from different universities, Harvard, Cornell, Ann Arbor, Johns Hopkins, University of Pennsylvania, and the Rockefeller Institute being represented. The report was approved and a few months ago adopted by the government. All of the officers on duty in the office of the Surgeon-General in Washington have taken the treatment. Although it has been officially adopted, it is not compulsory, but many of the men in the hospital corps have been vaccinated and no doubt all will, as these men are, together with the medical officers, brought more directly in contact with the disease than in the other branches of the service.

"The method of procedure in giving the treatment is to heat the standardized serum to 53° Centigrade (it was brought to 60° C. at first), and inject in the arm one-half cubic centimetre; after ten days have elapsed, another injection of one cubic centimetre is given. A slight

feeling of lassitude, possibly a headache, is the only symptom exhibited as a result of the treatment which it is believed will rid the army of typhoid."

At the close of Captain Siler's lecture on April 16 Miss Gladwin gave a delightfully interesting talk upon her experiences with the Japanese Red Cross workers, telling how much might be learned from the Japanese woman, of her ideals, charm, and generally fine character, of the interest taken by the Empress and her ladies in the preparing of bandages and shirts for the sick or wounded, the latter being used as a special reward and greatly appreciated by those upon whom the honors were conferred. She spoke of the keen appreciation shown by the Japanese men for every slightest service performed for them; of their great celerity in transporting the wounded from shore to hospital ship and from ship again to the hospital, where every man's bed seemed to be quite ready for him upon his arrival, no matter how many were brought in on one ship.

Mrs. Charles Stevenson addressed the meeting on Thursday evening, making a strong plea for a large enrollment.

Captain Siler described the arrangement of the field hospital of one hundred and eight beds, admitting of being converted into two hundred and sixteen by using the tent flies. Specially interesting was the method of arranging the operation room from the compact outfit; the "units" containing blankets, sheets, pillow-sacks, towels, pajamas, and mosquito nettings; the furniture "units" containing six folding cots and the frames for the mosquito netting. All of this was arranged for practical demonstration on April 17 on Governor's Island. Captain Siler must surely have felt repaid for his courtesy and trouble, when boat after boat landed at the government dock bringing nurses eager to avail themselves of the opportunity to visit his field hospital.

We must learn to live,
Care-hardened at all points; not base and sensitive,
But plated for defense, nay, furnished for attack,
With spikes at the due place, that neither front nor back
May suffer at that squeeze with Nature we find—life.
Are we not here to learn the good of peace through strife,
Of love through hate, and reach knowledge through ignorance?
—ROBERT BROWNING.

NURSING IN MISSION STATIONS



MORAVIAN MISSIONS FOR LEPERS

BY A MORAVIAN NURSE

UNTIL 1865 the condition of the lepers of Jerusalem had changed but little from what was common in New Testament times. Then a philanthropic German baroness and her husband obtained means of establishing an asylum, which was built in 1867 near the Jaffa gate. Starting the institution, however, proved to be an easier undertaking than getting inmates. Not that there were not enough that needed the offered help, but they were suspicious. They did not believe that such work would be begun purely from charitable motives. Their bigotry made them suspect a scheme to change their religion. In course of time prejudice was conquered, and the number of patients under treatment has risen to sixty. The founders of the home for lepers enlisted the interest of a Moravian bishop, who won many friends for the cause. Moravian missionaries were placed in charge of the home in its early days; the work has been carried on by others of the same church; and since 1879 it has been managed by a board appointed by the Moravian General Synod.

The old hospital has been replaced by a new and commodious stone building, called "Jesus-Help," surrounded by a large garden, nearer the city gate. The staff of the home consists of the missionary and four deaconesses (trained nurses), and two untrained Sisters to do most of the general housework.

Last August occurred the death of the faithful superintendent, who had labored there for seventeen years. After that a change of management appeared to be necessary, so it was decided to leave the management of the hospital itself entirely in the hands of the Sisters, with Sister Elizabeth Mueller as superior, who has been in it for eighteen years. Mr. Bayer has been made steward of the home, having the garden and field work under his supervision, attending to the repairs of the buildings and being the legal representative in Jerusalem. To give the poor lepers physical and spiritual service, to offer them a bright and comfortable refuge for body and soul, and, as far as it may be possible under the peculiar circumstances, to introduce them to "Jesus-

Help" in the highest sense, will remain in future, as in the past, the chief object of the Leper Home.

Several years ago, when Emperor William of Germany was travelling through Palestine, he paid a visit to the Leper Home, was much impressed by all he saw, and on his return to Germany, sent as a gift to the home a much needed disinfecting machine. Until the advent of this machine the nurses had washed all the bandages.

A traveller visiting the home in recent years remarked that the nurses there were the most cheerful looking people he had ever seen. A new cure for leprosy,—a serum discovered in Constantinople,—is being tried in "Jesus-Help," but no results are as yet apparent.

In South America, at Groot-Chatillon, on the Surinam River, the "Bethesda Home for Lepers" was founded in 1898, where the Moravian mission, in conjunction with the Protestant churches of the colony of Surinam, cares for the sick both bodily and spiritually. The Moravian church has pledged itself to furnish the missionary workers for this charity, and the trained nurses (four deaconesses). The costs of the undertaking, including the erection and maintenance of the buildings, are a charge upon an association representing the various Protestant congregations of Parimaribo. The enterprise is not a governmental undertaking.

Extensive alterations have been made at Bethesda during the last two years to meet the increasing demand for admission. In the Government Asylum the Protestant patients are dying out, and not being replaced by new ones; Bethesda is becoming full, and a good spirit prevails among the patients.

The Moravian Mission of West Cape Colony, South Africa, undertook the management of the Leper Asylum at Hemelen Aarde, in 1823, which had been begun by the government, and was moved to Robben Island in 1846. It remained in Moravian hands until 1868.

In German East Central Africa, in the Nyasa district, near Rungeve and Isoko, there are leper settlements, and a station for lepers has been established at Maketa, on land belonging to the mission at Rungeve, the missionaries undertaking the supervision of this work. Two years ago there were twenty-five dwellings, twenty of which were occupied. These contained sixty inmates, of whom fifty were lepers. A native Christian is in charge of the station, but of the nursing I have no knowledge. The isolation of lepers is an idea not foreign to the people in their original state; but now these poor sufferers have the benefit of Christian ministrations and help. The costs of this colony are borne by the government.

A recent record showed nearly twelve hundred lepers on Molokai, one of the Hawaiian Islands, of which nine hundred and eighty-four were natives, sixty-two half-castes, thirty-two Chinese, and five Americans. Here the victims of this dread disease live in their charnal house as dead to the world as those under the ground. A vigilant health board and the gradual purging of the old native stock, by death or by cleaner living, are showing their results in the diminishing, slowly, of this plague. These miserable people are ministered to by faithful missionaries (Roman Catholics), mostly of American birth, for the American is strangely immune.

THE SUCCESSFUL TREATMENT OF LEPROSY

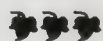
AN announcement which may be of far-reaching importance was made at the Congress on Tropical Diseases at Bombay, by Captain Williams, residency surgeon at Bushire, who delivered an address on leprosy. Referring to the reported cure of a Maori leper in New Zealand by the treatment introduced by Dr. Deycke, of Constantinople, and consisting of the injection of a culture of the bacillus of leprosy, Captain Williams announced that as the result of eight months' treatment by the Deycke-Nastin method he had cured two lepers. Two others were practically cured, and a fifth showed remarkable improvement.

Only those who have lived in countries where leprosy is prevalent can realize the misery which would be abolished if a cure were found.—*British Journal of Nursing*.

A STORY from Tennessee. "A doctor told me this: A rich old woman was his patient; she needed a nurse, which he told her she should have. 'Wal, doctor,' she said, 'I hearn of them thar things a whole lot, but I never yet have felt able to wait upon one.'"

F. H. D.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

DISINFECTION IN GYNÆCOLOGY WITHOUT SOAP AND WATER.—The *Medical Record*, in an abstract from a German contemporary, states: Otto v. Herff says that the principle of the disinfection used by him is not to soften the skin and thus not to bring out the germs hidden in its deeper layers. Only the germs on the surface of the skin are dangerous and they must be surely destroyed. The usual technic of disinfection with the use of soap, water, and brush simply uncovers the organisms that otherwise lie latent in the skin. Herff begins the preparation of the skin on the day before operation by giving the patient a bath and by removing the hair from the area to be prepared, the razor and a depilatory powder being used. A wet dressing that is often used in preparing the field of operation simply renders the skin a good culture ground for the growth of bacteria. Then after anæsthesia has been begun the field is wiped for four minutes with 50 per cent. alcohol acetone; then the alcohol is removed by rubbing the skin for one minute with pure acetone, and the skin dried by sterile gauze. After the operation the field is wiped dry, but not washed. Acetone is the special agent in this method, for it acts as a solvent of fat and at the same time removes most of the moisture from the skin. In order that the surrounding tissues may be protected from secretions of the wound, alcoholic tincture of benzoin is applied. The entire technic is very simple and therefore well adapted for emergency preparations. The results in over three hundred cases show that the omission of the soap, brush, and water has led to no increase in general or local infections after operation.

THE CONSUMPTION OF ALCOHOL AND OF OTHER MEDICINES IN THE MASSACHUSETTS GENERAL HOSPITAL.—In the *Boston Medical and Surgical Journal*, Dr. Richard C. Cabot gives interesting data referring to the consumption of alcohol and of other medicines in the Massachusetts General Hospital during the period from 1898 to 1907. In 1898 there were 5005 patients, in 1907, 5966; the expenses for alcoholic beverages in 1898 were, ale and beer, \$759; wine and liquors, \$1563; total \$2322. In 1907, \$203 and \$610, total \$813. For medicine the expenses were in 1898, \$8424, and in 1907, \$5492. The cost of alcohol for each patient de-

creased from \$0.46 in 1898 to \$0.13 in 1907, and for medicine from \$1.68 to \$0.92. He concludes that since there has been no fall in the price of stimulants or medicine, the diminished expenditure corresponds to a diminution in the number of doses of medicine and stimulants, and indicates a rapid and striking change of view among the members of the staff of the hospital, especially in the past five years, when it has become generally known that alcohol is not a stimulant but a narcotic, and that drugs can cure only about half a dozen of the diseases against which we are contending. There has been during this period no increase in the proportion of surgical cases among the whole number treated, so that the decreased use of medicines and alcoholic beverages has not resulted from an increased resort to surgical remedies. On the other hand, there has been a great increase in the utilization of baths (hydrotherapeutics), of massage, of mechanical treatment, and of psychic treatment, all of which accounts no doubt for part of the falling off in the use of alcohol and drugs.

ANTITYPHOID VACCINATION IN ENLISTED MEN, UNITED STATES ARMY.—The *Maryland Medical Journal* says: Much interest has been aroused in the medical profession by the order of the War Department, recently promulgated, authorizing officers of the medical corps, whenever they deem it necessary, to call for volunteers from the enlisted men to submit to immunizing inoculations of the antityphoid serum, so successfully used by the British military authorities in the South African campaign. The immunity thus produced is only temporary, lasting for three or four months. No serious results have followed inoculation. It is the expectation of our military authorities that serum therapy will prevent a repetition of such typhoid epidemics as prevailed during the Spanish-American War. From the experiences of the British in South Africa these epidemics can undoubtedly be controlled if, during the prevalence of typhoid fever, serum therapy be practiced as religiously as vaccination from smallpox, and the order should be compulsory rather than volitional.

THE WAR ON RATS.—The *Medical Record* states in an editorial that a society for the extermination of vermin has been established in England in view of the enormous damage done by rats. In one year this is estimated to have amounted to \$75,000,000 in England and Wales. The society has just held its first annual meeting. At this meeting the president enumerated some of the ways in which rats brought about death and disease: by boring communications from drains into dwellings; by gnawing through water pipes and gas pipes; by running over food with filthy,

contaminated feet; by gnawing at food with filthy teeth; by causing loss of sleep and nervous trepidation; by carrying disease through the mediation of fleas. Professor Anderson, a great authority on the subject, has said that the damage done by rats in Great Britain was greater than the damage done by the cobra and tiger in India, while in India itself and in Australia it was now fully recognized that by means of rat fleas plague was propagated and that the only method of abolishing plague was to destroy the rats. The *Medical Record* thinks there is room in America for antivermin societies and clubs.

EARLY RISING AFTER LAPAROTOMIES.—The *Medical Record*, in a synopsis of a paper in a German contemporary, has the following: Hartog says that the traditional practice of compelling patients to lie flat on their backs after an operation on the abdominal cavity is slowly passing away. Ries, of Chicago, was the first to insist upon the advantages of having patients leave their beds as early as possible. Secondary hemorrhage, breaking open of the wound, increased predisposition to hernia at the site of the wound, and finally embolism, have been put forward as the possible dangers of such practice; the first three are prevented by proper technic in closing all wounds made, the latter danger is present after all operations and does not seem to be increased by leaving the bed early. On the other hand, the advantages of this method consist in the great diminution of the danger of secondary pneumonias in the aged, the obviation of the necessity of catheterization and of the use of enemas in most cases, the increase of appetite, and, in general, the rapid recovery of the patient. Hartog's practice is to allow the patients to lie on the side the day of the operation, to raise the head of the bed next day, and to place them in a chair for one-half to one hour two or three days after the operation, if they express readiness to sit up. After this the duration of sitting up is gradually prolonged. Individualization is necessary, for no hard and fast rule can be made for all patients. Uncomplicated and afebrile postoperative course serves as the indication for allowing the patient up.

CURRENT LITERATURE OF INTEREST TO NURSES

New York Medical Journal, April 3, "Cæsarean Operation," William M. Harris; April 10, "Flat-foot," F. G. Peckham. *Medical Record*, April 3, "Potentialities of Radium as a Curative Agent," Editorial; April 10, "Venous Anæsthesia," Editorial; April 17, "Freezing as a Therapeutic Measure, Liquid Air, etc.," S. Dana Hubbard; April 24, "The Attitude of the Public towards Post-mortem Examinations," Editorial. *Maryland Medical Journal*, April, "Present Status of Tuberculosis Work

among the Poor," Mary E. Lent and Ellen N. LaMotte. *Journal of the American Medical Association*, April 24, "Acute Chorea," "Headache," "Malignant Growths," "Practical Examinations for the Medical License," Editorial; May 8, "The Insane Diathesis," Sanger Brown, M.D., "The County Society," L. Rock Sylvester, M.D. *The Visiting Nurse Quarterly of Cleveland*, April, "An Experiment in Organization," Belle Sherwin. *Illinois Quarterly*, May, "Nervousness in Children," Isaac A. Abt, M.D. *The Survey*, April 17, "A Psychologist's Criticism of the Emmanuel Movement," "Saving New York Babies;" April 24, "A School of Public Health," Norman E. Ditman, M.D. *The Outlook*, April 10, "The Profession of Motherhood," Lyman Abbott; April 17, "The Economics of Spending," Lucy M. Salmon. *The Century*, May, "The New Basis of Work for the Blind," Bishop. *Lippincott's Magazine*, May, "The Tricks of Memory," Larned.

MEDICAL INSPECTION OF SCHOOLS.—Sullivan, Murphy, and Cronin observe, in the *Boston Medical and Surgical Journal*, that, although Boston is the pioneer city in the establishment of medical inspection of school children, there are many defects. Our authors are of the opinion that the system of medical inspection, including physicians and nurses, should be placed under the control of the Board of Health. A chief medical inspector should be appointed, with deputies, if necessary, to have full authority over all, his function being to direct and control the work of the district inspectors and to see that each performs the duties required; also, through a supervising nurse, to direct the work of the nurses. The medical inspectors' powers should be definitely determined and specifically set forth, and a proper compensation should be given. The nurses should be subordinate to the district medical inspectors and should work only under their direction. A card system of records should be devised, to be filled out by both physicians and nurses, one set to be kept at the schools and another set at the office of the chief medical inspector. The Board of Health and the School Committee should co-operate in bringing about such needed reforms.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

THE INTERNATIONAL CONGRESS

THE exhibition of nursing appliances to be made at the congress is progressing well; the Irish nurses will have a special exhibit, in which the nursing of gynæcological and abdominal cases in general will receive special attention. A district nursing exhibit is being arranged, and American district nursing associations are invited to send photographs or any graphic presentation of the educational methods used by them. Miss Eden is the collector and possessor of a wonderful collection of photographs illustrating nursing history in all periods of the world, and she wishes to add to this collection anything that shows the interiors and conditions under which the district nurse does her work. Miss Dock, 265 Henry Street, New York, will be glad to answer inquiries and give information to those in America wishing to contribute to the exhibits. Anything that can show the nurse's ingenuity and handiwork—devices and comforts, etc.—will be appreciated.

The Leicester Infirmary Nurses' League will specialize on dressings and appliances for all parts of the head and face; St. Bartholomew's Nurses' League will display operation-room and ward appliances made by nurses; St. John's House takes maternity nursing; the Registered Nurses' Society will collect nursing literature, photographs, badges, pins, and brassards. Prizes are to be offered for the best sections and nurses' inventions.

The *British Journal of Nursing* says: "Lady Truscott, the Lady Mayoress, Mrs. Whitelaw Reid, the Dowager Marchioness of Dufferin and Ava, the Lady Ampthill, Lady Helen Munro Ferguson, Miss Haldane, LL.D., and other ladies who have worked hard to raise nursing standards, together with a very large number of matrons of hospitals and institutions, have accepted the invitation of the organizing committee to act as vice-presidents of the congress and nursing exhibit."

Interesting suggestions of an "Imperial Federation of British Nurses" appear in the foreign press; *Kai Tiaki* first put forth the suggestion that England's colonies should not enter the International Council of Nurses as foreign states, and Canada responded warmly; it is prob-

able that an affiliation of all the colonies of Great Britain may be made at the London meeting.

Miss Amy Turton has promised to come from Italy and tell the rarely interesting story of the pioneer efforts in that country for a more skilled and educated nursing system.

The wonderful progress of nursing in Cuba will also be reported, and reports of strivings and upward movements will come from India, Japan, and the islands of the sea.

Everything points to the probability that this meeting will give a more astonishing review of the rise and extent of the nursing profession, and will do more to impress the minds of nurses themselves with the breadth and greatness of their responsibilities than any meeting yet held.

The delegates who come officially should have large human sympathies and be adherents of the great doctrine of the unity of the human race.

A most kind and cordial letter has been received from the president of the Red Cross Society of Japan, Prince M. Matsukata, in reply to an invitation sent by the officers of the International Council of Nurses asking for participation by Japanese nurses in the coming meetings, and we are to have the great pleasure of welcoming two distinguished representatives of the Red Cross at London, Miss Take Hagiwara, a head nurse of the Red Cross, and Madam Nobu Matsudaira, a member of the Ladies' Volunteer Nursing Association of the same body. Both ladies have a meritorious record of service given in the late war. Miss Hagiwara, in time of peace, has held the position of vice-superintendent of nurses and pupils in the Central Red Cross Hospital, and is now in a head-nurse position.

This is the first time that western nurses will have the opportunity of welcoming their valiant and distinguished sisters of Japan at a large public convention, and we feel it to be an inspiring occasion, for it will complete the chain of friendliness and knowledge of nurses for one another around the world.

THE BORDEAUX NURSES

THE latest report of the Protestant Hospital at Bordeaux is very full of interest. Though the hospital is small it has every branch of service, and we prophesy that it will grow faster as a result of its excellent school of nurses than it ever would have without them. "The nursing school has had sixty-two applicants for the ten vacancies for probationers, from all parts of France. The superintendent, Dr. Hamilton, has had many requests for certificated nurses to take positions in civil and military hospitals. Since 1901 when Dr. Hamilton first took charge of the hospital,

seventy-six probationers have been received; forty-four have gained their certificates, and seventeen are still in the school. Of the certificated nurses twelve are superintendents or head nurses in civil and military hospitals, six are in private hospitals or nursing homes, eighteen are private nurses, and one is doing district nursing for the Out-Patient Department of the Protestant Hospital.

The district nurse's work is most successful, and the report of her rounds sounds as familiar as if she were in this country. Her salary was given by a grateful patient, for a year, and we feel sure that some kind-hearted benefactor will continue it. The hospital has also had improvements made in the isolation wards which will improve the service and the training school has had a very generous gift from an English-woman who had taken training there.

Miss Elston, too, has been busy, for she has recently taken a nurse to Algeria to plant hospital reform there; the visitation of officials from Algeria to Bordeaux some time back having been to some purpose. The opportunity being tempting, Miss Elston made the rounds of the Algerian hospitals, of which she wrote most entertaining accounts, charmingly illustrated, in *La Garde-Malade Hospitalière*. Certainly no workers in the world ever have so many picturesque settings for their work, or so many varied experiences, as nurses.

INDIAN CONDITIONS

IN painful contrast to the sunshine and happy dirt of Algerian hospitals is a paper written by Mrs. Klosz, a Johns Hopkins graduate nurse, who is working at Akola, in India, for the recent meeting of the Association of Nursing Superintendents of India. It is called "The Place of the Indian Nurse in Social Service," and gives a heartrending picture of the results of many centuries of sanitary darkness. She writes:

"India has great and terrible problems before her in the management of her physical life; problems compared to which her political troubles, real and imaginary, are of second importance to the masses of the people.

"Plague, cholera, tuberculosis, syphilis, puerperal fever, and opium administered by ignorant mothers, are killing their thousands every year. We can do much to help them by the earnest training of our nurses, making them centres of education and influence upon these subjects. This sounds visionary, . . . and it is visionary, but, I believe, a vision of what is to be. . . . Although bubonic plague has been for a number of years literally devastating India, it is not necessary to include it in this paper, because so much is already being done for its eradication. And the government has worked so long and successfully

that the time may not be in the very distant future when plague shall be, for India, a thing of the past. Cholera is also being more or less successfully held in check by government measures, and similarly small-pox, a serious epidemic of which is hardly to be feared. But there are those other scourges . . . which it will require all our ability, all our perseverance, and all our faith to combat. India must be taught and roused to help in the "world's war against consumption." . . . Ignorance with regard to consumption even among intelligent people is almost beyond belief. . . . Perhaps nothing makes a more dreadful impression, or leaves a more hopeless feeling with any one connected with hospitals and dispensaries in India, or in any country, than the awful prevalence of syphilis and gonorrhœa. . . . It seems to be the fashion nowadays with certain writers . . . to whitewash the conditions that prevail. . . . It may take years to produce any very noticeable result against an old established evil such as these social diseases present. . . . Our nurses must learn to look upon these things as the serious matters they are. . . . In place of a foolish shrinking from such patients we must try to inculcate a spirit of zeal for reform which will help to educate the women in our hospitals in morality and the prophylaxis of social diseases. As in tuberculosis, patients should know from what disease they are suffering and be taught to guard against infecting others.

"I have not been able to collect any statistics relative to puerperal fever, but we all know that it claims numbers of victims every year. . . . A department for training *dais* might be added to many of our training schools and every well-equipped hospital should do all it can to get hold of the obstetrical work in its vicinity. When the women come to know that their lives and those of their children are so much safer under the foreign methods of treatment, it ought to make it easy for them to give up the old *dais*, even in the face of caste and custom. A friend of mine who is in an almost unbelievably wild and ignorant part writes: It seemed to be expected that if a woman was not able to get up in three days she would die. By taking up midwifery I have been able to cope with this state of things, and I have had ninety cases; and there is no more child-bed fever in my locality. Instead the mothers are all well and the babies all healthy.

"It is to be hoped that the custom of giving opium to babies is much less prevalent in some parts of India than in others. In Jhansi we are continually meeting cases of what they call the 'drying-up disease' caused by this practice. In the Deccan it is also common, for Dr. Ruth Hume of the Mission Hospital at Ahmednagar tells me that they ask

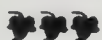
the mothers in the dispensary, not 'Do you give the baby opium,' but 'How much do you give it?' . . . Our nurses may have a great influence in teaching the effects of this drug, and warning mothers against giving it, even before the practice is begun. As far as I know, little or nothing is done by the Indian men to teach their wives the harmful results of this custom. Cannot we as an association send a letter to the leading papers of India to take this matter up and write in an attempt to stamp it out of the homes of the people? China's campaign against opium for the grown people might well be followed by one in India to save the children. These are some of the problems with which we as nurses come into daily contact."

PREVENTIVE AND CURATIVE TREATMENT OF PUEPERAL INFECTION BY THE USE OF ESSENCE OF TURPENTINE.—The *Medical Record*, quoting from *L'Obstétrique*, says: Fabre advocates the use of essence of turpentine both as a preventive of puerperal infection and as a curative treatment when the infection has begun. The preventive treatment is used by injecting equal parts of sterilized water and essence of turpentine into the uterus after labor as a routine treatment. When infection has occurred the same injections are used twice or three times in the twenty-four hours, as long as the infection remains localized in the uterus. When it has become generalized the drug is used by subcutaneous injection into the cellular tissues. The results have been excellent, as the treatment has been employed in the Maternity at Lyons.

EFFECT OF NARCOSIS ON THE BODY TEMPERATURE.—In an interesting paper in the *Johns Hopkins Hospital Bulletin*, T. Griffith Davis says: W. H. Morley, in an article devoted to this same matter, also describes the lowering of body temperature under ether anæsthesia. He favors the view that the lowered temperature is due to increased output of heat in consequence of dilation of the cutaneous vessels and to lessened heat production from diminished muscular movement. He urged that stringent precautions be taken against the loss of body heat during anæsthesia by having the patient well protected and in a warm operating room, believing that many of the so-called postoperative pneumonias are a consequence of the patient being chilled while in a state of narcosis.

He also quotes from W. F. Hewett that covering cutaneous areas with towels wrung out of antiseptic solutions is open to considerable objections.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

NURSING UNDER DIFFICULTIES

I

DEAR EDITOR: Nurses have written of going into the slums of the city, of going to foreign countries, also the eastern and western parts of the United States to care for the sick. This has been my experience in one of the small towns in the extreme western part of Texas, the greatest state in the union. I was ready to go to my own home when a doctor telegraphed me to come west on the next train.

My trip of almost three hundred miles I enjoyed very much, all the way dreaming of the beautiful still prairies I was to see all covered with flowers; I arrived at my destination, a town of about fourteen hundred inhabitants, about midday. My dream of the beauty of the prairies was suddenly dispelled. I was in the midst of a furious sand storm, the wind blowing forty miles an hour, and every person wearing sand glasses to protect the eyes. There was no one to meet me. Thinking the doctor had not received my telegram, I asked the station agent if I could call him by telephone. He told me there was no telephone at the depot. I walked to a drug store about three blocks away and asked what I thought was a school boy where I could find Dr. G——. He said, "I am Dr. G——, and you are the nurse I sent for?" I told him I was and thanked him in a very sarcastic tone for his kindness in sending some one to meet me. I think my sarcasm was lost on him, he probably never understood it. He introduced me to the physician who was practicing with him. He was a very gruff old fellow and told me I was to nurse his patient, a pneumonia case. In the awful storm which they considered "only a slight wind," he took me to my patient's home on the outskirts of the town.

I found that the patient, a boy of sixteen, had pneumonia in the worst form. The house was built of thin boards with nothing to cover the cracks. There were three rooms with a fire only in the kitchen. The patient's bed was in the corner of one room, covered with a heavy canvas to protect him from the sand and wind. The doctor did not prescribe fresh air treatment. If he had I think probably we would have found the patient blown across the prairie.

I moved out of his room dozens of pairs of shoes, coats, hats, and many other things too numerous to mention, rags of all description from under the bed, most of them soiled from the patient's having expectorated in them. I burned those, and when I could get close to the bed the doctor told me to give him a general cleansing bath. I think he had never had a bath before. I used all the clean rags I could find for towels, and moved him on the only clean sheet the house afforded.

I stayed by his bedside thirty-six hours, then the doctor had me relieved and took me to another place to rest, for which I was truly thankful. The father, mother, and six children, ranging in ages from three to thirteen years, all

slept in one small room on pallets made of quilts not remarkable for their cleanliness.

The next morning the mother of the patient called the doctor and told him in a very shocked and horrified tone, "That trained nurse took my boy's underclothes off and bathed him." The doctor laughed heartily when I said: "Yes, I took them off, as I thought probably it was the only bath he ever had and I could not bathe him very well with them on."

Such were the surroundings of a bad case of pneumonia, not in the slums of the city, but in a country town where they have God's good air to breathe and where everything should spell cleanliness and health. The people were supposed to be civilized Americans and owned land worth fifteen thousand dollars, but were lazy and shiftless. Such are to be found all over the south.

My next patient in the same town was one of the dearest little women I have ever met and came from a home of wealth and refinement. Such nursing is to me like the foreign missionary work the different churches are doing. If the American people were educated up to it, there would be no need of going into foreign countries to do missionary work.

PEARL SNABLY.

II

DEAR EDITOR: A man came for me one Saturday morning to ask if I would go to a case of eclampsia, seven and one-half miles out in the country. Of course I said I would, and hurriedly put my house in order while the man did some errands. Our conveyance was a rickety open wagon, drawn by a rough looking pony, whose fastest gait was painful it was so slow. The road lay through farming country with occasional houses, some of them not much more than sheds of two or three rooms, for this is pioneer country and few of the farmers can afford to build larger houses. To an easterner it seems very crude, but these houses are really warm and comfortable if one will only compare them with those the pilgrim mothers must have lived in.

It was just noon when we arrived at a three-room board house, the last but one before the beginning of the timber line. The patient, a woman of nineteen, had been married for about a year. The baby was born on Friday night. She had had one convulsion before the birth of the child, and several during the night, the last at 8.30 that morning. The doctor had been with her all night, but left before I came, and had given little hope of the patient's recovery. She had no more convulsions, however, and when I left after nine days she was feeling very well, and beginning to enjoy the baby.

The conditions or lack of material would, I think, have staggered the average district nurse, for she has her bag and is usually within reach of supplies. There were a few baby clothes, all that were absolutely necessary, but not one thing to use for the mother. She had four sheets, one of them clean, but owing to her precarious condition I did not dare to move her to change it until late on Saturday. There was no clean nightdress, but on Sunday her sister-in-law sent over one which she "had worn one night," and after airing it out of doors and warming it for an hour by the stove I put it on the patient. It was a choice of evils and I chose what seemed the less. There were no pads or napkins, only some so-called clean rags in a flour sack, mostly pieces of fleece-lined cotton underwear and odds and ends of old shirts. From these scraps, as soon as I got time, I made up some pads and sterilized them, a few at a time. On Monday, I

sent the husband to town for cotton and gauze and made up some good pads and sterilized them. Fortunately I had bichloride tablets with me and of course I boiled all water used. The location of the well was about as bad as it could be and, in addition, surface water from melting snow was running into it.

The husband, also aged 19, did the cooking and washing, there was nothing else for him to do, and the mother and baby and lack of convenience kept me fairly busy. This sounds as if it was all very hard work but in reality it was not, the anxiety for fear of septic conditions being the only disagreeable part of it.

During the day a small black puppy superintended matters, rocking the chair which held the baby by pulling at the comfortable with which it was covered, or sleeping under the chair. It usually accompanied me if I went out of doors, and to walk across the yard with a bed-pan in one hand, a pail of water in the other, with a puppy tugging at my skirts or trying to climb up them, was no easy matter. If I went out in the night, the black cat scampered after me.

Fortunately it was fairly warm weather; blue birds, meadow larks and robins were close about the house, and one morning I saw four deer feeding on the hillside opposite. The nights were cold, but an "air-tight stove" and plenty of wood kept the house cozy and warm.

After this, when I start off for a case in the country, I shall carry absorbent cotton and gauze, enough for a few days; though I think this case was unusual owing to the young woman's ignorance of what she needed.

AN EASTERN NURSE IN MONTANA.

DISPOSAL OF REFUSE

I

DEAR EDITOR: I was on a case last summer in an apartment where I had no fire in the basement or elsewhere except a gas stove. I kept a covered pail for soiled dressings on the back porch. Every night after dark my patient's husband carried this to a vacant lot near by and burned the débris.

E. C. J.

II

DEAR EDITOR: In regard to the disposal of refuse in apartments, I would like to say to E. L. P. and other sister nurses that I found no difficulty in disposing of same. A great many houses have now continuous hot water, and there is the heater day and night, and a friendly talk with the janitor will bring what you desire; often you will find the open fireplace unused, but by just taking newspaper and lighting it towards the open chimney it can be cleared to burn rubbish.

About two years ago, on an obstetric case, I was requested by the attending physician to dispose of the placenta by putting it into the water-closet. I was horrified, but he laughingly assured me it would not come back. I finally did it and have done so on every obstetric case that finds me in the apartment house, regardless of the heater in the cellar or not, and have had no trouble nor heard of any disastrous results. I like to mention here that one must do it quickly and pull the chain as soon as the placenta is placed in the bowl, as the water is apt to overflow. I never tell the family and I have never been asked what I have done with it. Try it.

M. A. M.

"HOUSEKEEPING FOR TWO"

DEAR EDITOR: I, with others, want to thank Miss Hamman for her talks in the JOURNAL on "Housekeeping for Two." They are delightful for those of us who keep house, and although a number of nurses may be living together, it is seldom that more than two are at home at the same time, so it is gratifying to look in the JOURNAL for that month and find such help as to what to get and how much for two.

Miss Hamman's reasons for doing "so and so" are so clear and simple that one feels confident to prepare anything she suggests without the usual thought, "I wonder if it will be all right." Z., R.N.

BETTER INSTRUCTION NEEDED

DEAR EDITOR: Anent a recent complaint of careless spelling and pronunciation among nurses: The superintendent of nurses in a hospital under the auspices of the Episcopal Church, writes in her annual report that the course of training in her school has been "*altared* to meet the requirements of the Nurses' Bill."

Is this the result of religion or carelessness?

B.

A QUESTION

DEAR EDITOR: I wish through the JOURNAL I might learn what form the Nurses' Alumnae Associations use in taking in new members. A. J. L.

SOME USES OF THE JOURNAL

I

A RECENT illness has killed all my hopes of getting to St. Paul this spring. I must go to the convention by way of the JOURNAL. F. L. H.

II

I AM the only nurse in a town of 6000, and the JOURNAL is all I have to keep me in touch with my work. M. E. S.

III

I FEEL highly indebted to the JOURNAL and to all those who through the same so kindly contribute their knowledge and experience as well as their great anticipations. H. M. L.

A REPLY

DEAR EDITOR: I noticed J. E. W.'s request in the May JOURNAL, and would say in reply that I have heard recently that there is a demand for nurses at Highmore, South Dakota. It is a county seat town of 1000 and is growing. Inquiries should be addressed to Dr. I. M. Burnside at the above address. Trusting that this information may be of use. E. V. R., R.N.

A CORRECTION

DEAR EDITOR: I hasten to correct a mistake in regard to the amount of quinine used in that old Scotch formula for the relief of flatulency. The formula is water, one ounce; whiskey, two drachms; quinine, three grains. S. T. L.

NURSING NEWS AND ANNOUNCEMENTS



THE NATIONAL CONVENTIONS

THE Superintendents' Society will meet in St. Paul, Minnesota, on June 7 and 8, with headquarters at Hotel Ryan. The Federation will meet in Minneapolis on June 9, at the First Baptist Church. The Associated Alumnæ will meet in Minneapolis, June 10 and 11. The meetings will be held in the First Baptist Church. The headquarters will be the West Hotel.

THE TUBERCULOSIS SCHOLARSHIP

THE committee having in charge the fund of three hundred dollars for the Tuberculosis Scholarship is prepared to receive applications for this scholarship for the coming year.

The scholarship will be awarded on the basis of the qualifications presented by the candidates as to fitness for this special field of work. It is proposed in outlining the plan of study to include certain subjects offered in the course of the New York School of Philanthropy and in the Department of Hospital Economics at Teachers' College. Opportunity will be given for study and investigation along lines dealing with measures for the prevention and control of the disease and in the most advanced methods in use for the care of patients in the various stages of the disease.

Nurses especially interested in tuberculosis and desiring to prepare themselves for work in this field may obtain information regarding this scholarship by applying to the secretary.

MARY W. McKECHNIE,
Nassau Hospital, Minneola, N. Y.

MASSACHUSETTS

Boston.—THE CHILDREN'S HOSPITAL held graduating exercises for the class of 1909 at the Conservatory of Music on May 6.

THE MASSACHUSETTS GENERAL HOSPITAL ALUMNÆ ASSOCIATION held its regular meeting in the Thayer Library on March 30. Agnes E. Aikman and Annie H. Smith were appointed delegates to the Associated Alumnæ, with M. Elizabeth Booker and Annie Fletcher as alternates. Lizzie J. Woods, one of the members who is a missionary and teacher at the government school at Fort Yukon, Alaska, gave an interesting talk on her work. She has a keen sense of humor and told in an amusing and instructive way of the difficulties met and overcome, of the climate, characteristics of the people, etc. The president of the association, Emma A. Anderson, invited the members to meet with her at the Baptist Hospital for the May meeting.

THE ROBERT B. BRIGHAM HOSPITAL has received by the will of Miss Elizabeth Brigham, sister of the founder, the sum of \$1,500,000.

THE BOSTON NURSES' CLUB held a reception at the Hotel Vendome on the afternoon and evening of May 21 to celebrate its tenth anniversary. Invitations were extended to many friends of the club, including clergymen and physicians and their wives, also to heads of hospitals and others prominent in the nursing

profession. Dr. Conant, president of the club, and Mrs. Conant, Miss Dolliver, and Miss Drown, first and second vice-presidents, and Miss Caroline L. Beedle received in the evening; Dr. Laura A. C. Hughes, Mrs. M. A. MacQuarrie, Miss Edith M. Grant, and Miss S. B. Johnson in the afternoon. The evening program included an address by Rev. Alexander W. Mann, D.D., and a brief history of the club prepared by Miss Johnson and read by Miss Riddle, who also on behalf of the members of the club presented "The Life and Letters of Louis Pasteur" bound in red leather and the following testimonial to Dr. Conant: "To Doctor William M. Conant we, the members of the Boston Nurses' Club, on this our tenth anniversary, desire to express to you our gratitude and appreciation for the ten years during which you have been our faithful and efficient presiding officer. We feel that within those years our club has been firmly established on sound business and professional principles, largely by your interest and influence. For the time, the thought, and the interest which you have devoted to our welfare we wish to thank you heartily; and we wish to express the hope that our mutual relationship may long continue."

New Bedford.—ST. LUKE'S HOSPITAL TRAINING SCHOOL held its graduating exercises at the White Home on the afternoon of May 20. The address was given by Miss Lillian Wald of the Nurses' Settlement, New York. Tea was served at the close of the exercises. The graduates were the Misses Carlson, McQuade, Tripp, Stewart, Vivian, and Porter.

RHODE ISLAND

Providence.—SUSAN TRACY, of the Adams Nervine Asylum, Jamaica Plain, lectured before the nurses of the Rhode Island Hospital on April 13 on invalid occupations.

CONNECTICUT

THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT held its annual meeting at New Haven on May 5. The meeting was opened with prayer by the Rev. Mr. Stearns, of New Haven, and Miss Stowe, in the absence of Dr. Summersgill, superintendent of the hospital, gave on behalf of both hospital and training school a cordial address of welcome. The secretary's report was read and accepted. A letter was read from the treasurer, Miss Rose M. Heavren, stating that owing to her absence from the city on a serious case she had been unable to prepare the treasurer's report in time for the meeting. Miss Heavren has been treasurer of the association since its organization and one of its most active and able workers, but a contemplated absence from the state renders further service impossible. Her sister, Miss Marcella Heavren, a graduate of the Boston City Hospital, has been elected to the same position. A vote of thanks for her efficient service and regret at her leaving was tendered Miss Heavren. The members congratulate her associates in her new field of activity.

The president's address outlined a revision of the state registration law, a revision of the by-laws, a more active co-operation of members, and more sociability. In accordance with this last suggestion it was voted that a banquet be made a feature of the next annual meeting. It was voted to combine the offices of both secretaries in one person, and a committee of five was appointed to revise the by-laws making this and other desirable changes. This committee consists of R. Inde Albaugh, R.N., M. J. C. Smith, R.N., I. A. Wilcox, R.N., E. A. Somers, R.N., Harriet Gregory, R.N., and is to report at the September meeting. Owing to absence from the state, Mary A. Bolton, of Bridgeport, tendered her

resignation as chairman of membership and as a member of the State Registration and Examination Board. Miss Bolton, like Miss Heavren, has been closely associated with state work from its beginning, and a vote of regret at her resignation was taken. Alice MacCormack, of Hartford, was appointed to the Membership Committee. The appointment by Governor Weeks to the State Board is pending. The following officers were elected: president, Martha J. Wilkinson; vice-presidents, I. A. Wilcox, E. A. Somers; treasurer, Marcella T. Heavren; secretary, E. Baldwin Lockwood; Executive Committee, R. I. Albaugh, A. H. MacCormack, Winifred Ahn.

An invitation was received from Miss Ahn to hold the next meeting at the Bridgeport Hospital. It was accepted, and the meeting will be on September 1, 1909, at Bridgeport, Conn. An interesting lecture, "Pure Milk Supply," with lantern illustrations, was given by Dr. Steele, of New Haven. A lunch was served by Miss Stowe to the members present.

NEW YORK

New York.—THE HOSPITAL ECONOMICS DEPARTMENT, TEACHERS' COLLEGE.

HOSPITAL ECONOMICS ENDOWMENT FUND

Previously acknowledged		\$9053.90
Mt. Sinai Alumnae Association.....	\$100.00	
Maryland General Hospital Association.....	25.00	
New York Hospital Alumnae	103.00	
Kentucky State Nurses' Association	100.00	
Transferred from Tuberculosis Fund by Nurses' Committee	82.00	
Annie Rykert	10.00	
Nora K. Holman	15.00	
	<hr/>	
	\$435.00	
Less contribution of Graduate Nurses' Association of Dayton, included in Tuberculosis Fund and previously acknowledged	25.00	410.00
	<hr/>	<hr/>
		\$9463.90
For Current Expenses:		
Interest on Investment.....	\$100.00	
Grace H. Dodge	100.00	
Transferred from Tuberculosis Fund by Nurses' Committee	70.00	
	<hr/>	
	\$270.00	

The contribution of \$100.00 from the Mt. Sinai Alumnae Association which was credited to Current Expenses in our last report should instead have been placed under the Endowment Fund; and acknowledgment should also have been made at that time of the very generous aid which the Mt. Sinai Association is giving to the Hospital Economics Department in pledging itself to contribute \$100.00 annually to the Endowment Fund until it has been completed. We regret that through illness the matter did not receive proper attention at the time.

As the college year approaches its completion, there are several features of the work in Hospital Economics of which we may speak. The students have had a very profitable, interesting, and satisfactory year, and one and all will leave the work with regret. In addition to the regular and very full course offered by the college, the last few weeks are crowded to the utmost with lectures and excursions, the latter including visits to manufacturers of beds and bedding and to importers of hospital linen supplies, as well as to certain new model hospital kitchens, while Miss Noyes's lectures on hospital laundries were supplemented by visits to both hospital and commercial laundries for the study of equipment and methods.

We have greatly appreciated the addition made to the regular course of lectures on hospital organization and administration by the two lectures given by Dr. Henry M. Hurd, and the three by Dr. C. Irving Fisher, on the general subjects respectively of hospital management and hospital accounting. Through Dr. Fisher's kindness valuable additions on the literature of the latter subject have been made to the special library of the department.

Some of the special lecturers whom the students have heard recently are: Dr. Devine, of the Charity Organization Society, in a repetition of the last lecture of the Kennedy Foundation on "The Justice and Prosperity of the Future"; Mr. Hubbell, of the Society for the Prevention of Blindness, on "Preventable Blindness"; Mr. George Kingsbury and Mr. Bailey B. Burritt, of the State Charities Aid Society, on the tuberculosis and the ambulance work, respectively, of that society; and Dr. Ditman, of the College of Physicians and Surgeons, on the new School of Health and Sanitary Science.

Three of the students have arranged to work in some of the fresh air homes of the Association for the Improvement of the Condition of the Poor during the summer, and one member of the class remains on for the summer session to complete some work in which she is interested.

The following members of the class have received appointments for the coming year: Miss Isabel Stewart, assistant in Hospital Economics, Teachers' College; Miss Bertha Erdmann, superintendent of nurses, University Hospital Training School, Minneapolis, Minn.; Miss Effie Taylor and Miss Harriet Bailey, assistants in the Johns Hopkins Hospital Training School, Baltimore, Md.

Three members of the class are hoping to take a second year of work at the college (which will include opportunities for practical work in the housekeeping department of a hospital), while one or two others are desirous of remaining, and we hope that possibilities may open which will enable them to do so.

It seems desirable here to call attention to the need of scholarships or of some similar aid for students who are anxious to undertake the work here. Many letters have been received during the year from nurses who are eager to take the course but who would find it difficult, if not impossible, to do so without receiving some aid. Scholarships or loans, varying from one hundred to two hundred dollars each, might enable desirable students to get the further training which they now feel to be just a little beyond their reach, and perhaps some of our associations of nurses, state or alumnae, may feel disposed to help some of their members in this practical way, which should ultimately help in furthering good work in our training schools.

M. ADELAIDE NUTTING,
Director of Hospital Economics.

THE BELLEVUE HOSPITAL SCHOOLS FOR NURSES held graduating exercises for both men and women students on the evening of April 28 in the auditorium of the Cornell Medical College. After the graduating exercises, a reception was held in the new nurses' residence at 440 East 26th Street, which was also the formal opening of the building. An address was made by Mayor McClellan. The graduates of the school for men nurses are: Messrs. Barghoorn, Bellinger, Blackmore, Briggs, Cahill, Callahan, Costello, Davies, Gade, Gallagher, Jackson, Kingsbury, Kreis, Lamarche, Morris, Quinn, Roberts, Stuart, Williamson.

The graduates of the school for women nurses are: Misses Brill, Coleman, Cosgrove, Davis, Devennie, Donahue, Fraser, Gillis, Knelly, Lynch, MacHugh, Mann, E. Moore, A. Moore, O'Connor, Pennick, Perry, Petersdorf, Powers, Rutledge, Ryan, Sears, Staniforth, Sweeney, Tucker, Wagonhoffer, Wood. The new building is impressive, running the width of the block, with three wings; there are three hundred sleeping-rooms with spacious halls, reception rooms, libraries, and dining-rooms, all sorts of modern devices for the needs and comfort of those living under its roof, from the cellar to the roof-garden.

THE ROOSEVELT HOSPITAL TRAINING SCHOOL FOR NURSES held its graduating exercises in the lecture room of the College of Physicians and Surgeons on May 7, and these were followed by a reception in the administration building of the hospital. The graduates are Mrs. Mitchener and Mrs. Cotton, and the Misses Armitage, MacDonell, Carter, Grant, Watts, Rutherford, Stenson, Herron, Graham, Burwash, McKenna, McKerlie, Owen, Parke, Duncan, Allen, Daniels, Farr, Scott, Dickerman, Law, Atkinson, Casey, Kirkpatrick, Smith, Smedley, Graham, Ryley, Brownrigg, Bond, Langton, Smith, Stewart, Child, Houghton, Reid, Culbert, Appelbe, Wilson, Dalton, Hannaford, Weir, Robinson, Ham.

MARY A. SAMUEL, R.N., whose resignation as superintendent of nurses of the Roosevelt Training School was announced last month, authorizes the statement that at the request of the board of managers and the medical staff she has withdrawn her resignation. The term of training, which was changed from three years to two, two years ago, is to be extended sufficiently to include the probation period.

THE PRESBYTERIAN HOSPITAL SCHOOL OF NURSING held its fifteenth commencement exercises in the Florence Nightingale Hall, on May 13. Dr. Henry Sloane Coffin delivered an inspiring address. The diplomas were presented by Mr. John S. Kennedy, president of the hospital, and the school pins by Mr. Frederick Sturges, vice-president and chairman of the School of Nursing Committee. Music was furnished during the evening by the Mendelssohn Quartette. The exercises were followed by a reception and dance, given by the managers of the hospital, where the graduates received the congratulations of the many friends of the school and hospital. Diplomas were given to the following nurses: Misses McLean, Bulmer, Bentley, Powell, Locke, Gould, Duncan, McClung, Cowell, O'Neill, Decker, Mackay, Munck, Wiegand, Merritt, Stevens, Rylands, Young, Bauer, Pierson, Pitcher, Davey, Woodruff, Benson, Cooke, Simpson.

THE ALUMNÆ ASSOCIATION OF THE PRESBYTERIAN HOSPITAL SCHOOL OF NURSING held a reception for the graduating class of 1909 on May 14, from four to seven.

THE NEW YORK POST-GRADUATE HOSPITAL TRAINING SCHOOL held its exercises on the evening of April 27, twenty-two nurses receiving diplomas: addresses were made by the Rev. Dr. Stires, Dr. Clarence C. Rice, and Dr. Theodore Dunham.

ANNIE M. RYKERT, R.N., has resigned her position as superintendent of nurses at the Post-Graduate Hospital to take effect July 1, and is to return to her home in Canada to care for her aged father and mother.

THE NEW YORK CITY TRAINING SCHOOL ALUMNÆ ASSOCIATION elected in January officers for the year as follows: president, J. Amanda Silver, R.N.; vice-presidents, Frances H. Meyer, R.N., and Mrs. Anna B. Byrne, R.N.; recording secretary, Anna M. Keaver, R.N.; corresponding secretary, Florence Kelly, R.N., 420 West 116th Street; financial secretary, M. L. Muldoon, R.N.; treasurer, Mrs. T. Hines Nason; trustees, Misses Forman, Silver, Gordon, Bollerman, Vosburg, Fisher, Kerrigan, Ferrell, Keller, and Mrs. Wiggin, Mrs. Syron, Mrs. Nason. The chairmen of committees are: Executive, Miss Silver; Finance, Mrs. Nason; Admissions, Miss Bollerman; Sick, Mrs. Nason; Entertainment, Mrs. Potter; Red Cross, Mrs. Stevenson.

THE NEW YORK HOSPITAL TRAINING SCHOOL ALUMNÆ held its annual meeting on April 14 and elected the following officers: president, Amy E. Holmes; vice-president, M. J. MacKenzie; recording secretary, Ada B. Stewart, 414 East 14th Street; corresponding secretary, M. M. Wygant; treasurer, Martha M. Russell; trustees, Josephine Hill, Mrs. C. V. Twiss, and M. H. Wilson.

THE METROPOLITAN HOSPITAL TRAINING SCHOOL formally opened its new nurses' home on May 17, when the building was open for inspection by invited guests.

PLACES FOR REST AND RECUPERATION for nurses are: the Caroline Country Club for Social Workers, which is open to all engaged in charitable and philanthropic work; this house is delightfully located at Hartsdale, among the Westchester hills, and is only an hour's ride from New York. The club has now a membership of three hundred, representing fifty organizations, and the demand for rooms is so great that it is necessary to book ahead. The Betty Loeb Home for Convalescents, also situated in Westchester County, is a restful spot for tired nurses. "The Brownery" in Orange is attractively located in the Orange mountains and is deservedly popular with the nurse who wishes to get away from her work for a week or two. Edith Home on Belle Island, on the Sound, has its charm for those who wish to be on the water; and in the Adirondacks, "Moon Hill Camp" on Schroon Lake and near Pottersville makes a reduction to nurses in June and September.

THE DELINEATOR is doing a good work in its agitation for the education of mothers and the care of babies and has placed in the field in New York City nine graduate nurses who will act as organizers of consultation centres. They will devote the day until three o'clock in teaching the mothers in the homes, and after three may be found at the consultation rooms, thus being accessible to all the mothers at some time during the day as, considering the range these nurses are to have, it would be impossible to visit all who need attention and advice every day. H. Grace Franklin, R.N., who organized the home visiting service in connection with the children's division of the Out-Patient Department of the University and Bellevue and the Roosevelt Hospital Dispensaries is the supervising nurse.

DR. GEORGE E. BREWER, chief surgeon at Roosevelt Hospital, gave a clinic on April 30 for the members of the Roosevelt Nurses' Alumnæ; members of the other alumnæ were invited to be present, and that Dr. Brewer's kindness in giving so many nurses the opportunity of observing perfect technic in the

operating amphitheatre was appreciated was well demonstrated by the number present and the attention paid to every step taken in the two operations performed; one, that of pyloric obstruction with unusual complications proving specially interesting. Dr. Brewer prefaced his work with a short talk on surgical technic as observed at Roosevelt and emphasized the importance of not talking over the field of operation, all needs for instruments, etc., being indicated by signs.

DR. WM. P. NORTHRUP, in his lecture given before the physicians and nurses of the New York Milk Committee, spoke of the innovation made at Junior Sea Breeze in the bathing of infants: an 80-gallon tank is fitted with thermometer and water register so that quantity and temperature may be seen readily, the pipes for the filling of the tank are so arranged that the hot and cold water mix readily while flowing in, and the bottom of the tank has two long rubber pipes with metal nozzles. Under the tank is a sink winged by two sloping marble slabs on which the towels are placed (a fresh one for each child), then the baby placed on it; the babies enjoy the spraying—the bathing is accomplished in from one-third to one-half the time—and it lessens the likelihood of a child infecting himself as he is apt to do if allowed to play in a tub. The importance of having a strong light from window or by electricity thrown on the shelves, so that the baby may be thoroughly scanned, was emphasized.

THE ACADEMY OF INFANT SCIENCE is a newly incorporated body, which Mrs. Gibson Arnoldi has been interested in organizing. It has for its object the diminution of infant mortality and purposes teaching mothers in all that pertains to the care of children.

A NEW HOSPITAL is the St. Lawrence under the management of the Sisters of Mt. St. Vincent. Just now, the building already on the place when the Order bought it is, with some additions, being used until such time as the plans made for a very fine hospital building can be carried out. Sister Margaret Ignatius is in charge, with Sister Lorentia (who was graduated from St. Vincent's as a nurse before taking the veil), as head nurse, the nursing staff being supplied from St. Vincent's Hospital. The site is a fine one, on Edgecombe Avenue and 163d and 164th Streets.

THE SCHOOL OF PHILANTHROPY is to open in the fall a night school for the benefit of social workers, nurses, and others engaged during the day.

THE COMMITTEE ON THE PREVENTION OF TUBERCULOSIS has had for the past month its Free Travelling Tuberculosis Exhibition in the first floor of an office building on the corner of Fourteenth Street and Fifth Avenue. This is a wonderfully well arranged exhibit telling in itself the whole story, but lest it may not sink in, the pictures and texts are supplemented by a phonograph and at intervals of fifteen minutes the large megaphone spouts forth terse, straight-from-the-shoulder advice; the place is crowded during the noon hour and demonstrates the wisdom of setting up the exhibit in such a busy mart. Circulars giving a description of the disease and methods for its prevention are distributed among visitors. In the evening stereopticon pictures are thrown upon a screen placed in the window. The fly and the telephone are given conspicuous places upon the wall as active distributors of the disease. Jars of specimens of lungs, health, dirty, tuberculous, etc., in the child and the adult are carefully studied by visitors young and old. The models of the new law tenements placed beside models of the old dumb-bell or even beside New York's average tenement ought,

with the "Don't live, don't work, don't sleep in rooms where there is no fresh air," to ensure the safety of New York's tenement laws.

THE ESTABLISHMENT OF AN INEBRIATE HOSPITAL in connection with an industrial colony is being considered, where persons arrested for inebriety may be kept under observation and treated.

NURSES ENGAGED IN WORK IN CONNECTION WITH THE ASSOCIATED CLINICS have formed an organization: the Nurses' Association of the Association of Tuberculosis Clinics. Only those doing work in the associated clinics are eligible for active membership, but any nurse engaged in tuberculosis, day camps, church clinics, etc., is eligible for associate membership. Meetings are held on the first Thursday of each month in the United Charities Building. Elsie Thayer Patterson is the president and F. Elizabeth Crowell, 105 East 22nd Street, is the secretary.

WITH THE MAURETANIA MAKING RECORD TRIPS to Queenstown the chances of a good representation of busy women at the International Congress increase. Jane E. Hitchcock, of the Nurses' Settlement, sailed on the record-breaker on May 5 in order to be present at the opening of the District Nursing Congress in Liverpool on May 12.

THIRZA A. POPE, a graduate of the Brooklyn Hospital Training School, has been appointed supervisor of the nursing division of the Association for Improving the Condition of the Poor. This division embraces the work done by the relief, visiting, and the Caroline Rest nurses.

THE RUSSELL SAGE INSTITUTE OF PATHOLOGY is one of the many interesting developments on Blackwell's Island. The purpose "is two-fold; first, research into the problems of disease and more especially the diseases of advanced life. Second, the improvement of the care of the city's poorest sick and aged in two of its largest institutions." Dr. Janeway quotes Dr. Welch, of Johns Hopkins, as drawing attention to the fact that "medical science in the last fifty years had been able to increase the expectation of life for every individual by twelve years, but this increased expectation of life only held good before the age of forty, after which expectation of life is still no greater than that of our forefathers. This is because the prevention of disease has been, so far, through the study and knowledge of infectious diseases, which attack especially the young. The preventive measure of the future," he said, "must study the causes of organic changes of later life, and learning these, know upon what depends the accomplishment of their prevention." Dr. Janeway said, in his recommendation for the establishing of such an institute: "The opportunities for observation of the changes, which occur with advancing age, in the heart, kidneys, and blood-vessels, and of the diseases of the nervous system among the two thousand inmates, is unparalleled." Dr. Horst Oertel, who has been pathologist at the city hospital for the past four years, is pathologist of the Russell Sage Institute.

DR. CHARLES B. BACON, formerly superintendent of the Cumberland Street Hospital in Brooklyn, was appointed superintendent of the City Hospital on Blackwell's Island, entering upon his duties May 1.

Brooklyn.—THE METHODIST EPISCOPAL HOSPITAL ALUMNÆ ASSOCIATION held its annual meeting at the hospital on April 14, the president, Miss Shipman, presiding. The treasury is reported to be in a very encouraging condition. The registry, under the efficient management of Mrs. Henrichsen, has almost completed its second year and is greatly appreciated by doctors and nurses. The

following officers were elected for the ensuing year: president, re-elected, Miss Shipman; vice-presidents, Misses Smith and Waterman; recording secretary, Miss Kenny; corresponding secretary, A. Reany; treasurer, Miss Ferris; the chairmen of committees are: Educational, Miss Scott; Registry, Miss Richards; Social, Mrs. Zimmer.

THE BROOKLYN MEMORIAL HOSPITAL is closed, pending the completion of a new building. The dispensary will be kept open.

Albany.—THE HOMŒOPATHIC HOSPITAL opened its new building on April 27. It is a beautiful, commodious, and sanitary structure, well equipped for its work. An open space on each side gives light and air, and grounds to the rear give a place for out-door life for the patients, 87 of whom can be accommodated. There is a nurses' home near by. One of the new features described in the hospital's equipment is a refrigerating plant which is run by an electric motor and will do the work of two and a half tons of ice daily, but without the use of ice. Excellent systems of heating and ventilation are installed, and in connection with the surgical service are all manner of sterilizers and disinfectors. The superintendent is Mary J. Taylor.

Syracuse.—THE HOSPITAL OF THE GOOD SHEPHERD held its graduating exercises at Freeman Hall on May 6. Addresses were given by Dr. Frank L. Harter and Charlotte A. Aikens. Following the exercises a reception was given by the Woman's Auxiliary and the Alumnae Association. On May 8, Dr. and Mrs. W. L. Wallace entertained the class. The graduates are Mrs. Blackman and the Misses Weaver, Williamson, Lange, MacDowell, Redmond, Belknap, Hernandez, Vanderbilt, Davis, Turner, Terry, Van Deusen, Rogers, Mansfield, Miller.

The following nurses from the Willard State Hospital received certificates for a special course in obstetrics: Mrs. Mahoney, and the Misses Pearce, Reardon, Reidy, Carroll, Franklin.

THE ALUMNÆ ASSOCIATION gave its annual ball for the benefit of the endowment of the alumnae room in the hospital on April 23 at Empire Hall. The financial committee which had charge of the arrangements reported that the proceeds will start the second thousand dollars of the fund. Ella Sunderlin, class of 1905, has been appointed superintendent of the Fulton City Hospital.

Rochester.—A RED CROSS MEETING held under the auspices of the Monroe County Registered Nurses' Association and the alumnae associations of the City and the Homœopathic Hospitals was held on April 27 in the ball room of the new Hotel Seneca. The speakers were Jane A. Delano, R.N., secretary of the New York Enrollment Committee; Mrs. Harvey D. Burrill, R.N., president of the New York State Nurses' Association; Rev. Dr. Rob Roy Converse, Mary E. May, R.N., and Marie T. Phelan, R.N. Miss Palmer presided. There was an attendance of between two and three hundred nurses.

THE ROCHESTER CITY HOSPITAL graduated a class of nineteen on May 11. On May 10 a luncheon was given by the alumnae association to the class, to which all graduates of the school were invited, whether alumnae members or not. A number of married members and others came from a distance. Seventy-eight sat down to the luncheon. Elizabeth C. Sanford presided.

NEW JERSEY

THE NEW JERSEY STATE NURSES' ASSOCIATION held its annual meeting on May 4 in the Free Public Library, Newark. After the presentation of reports, the amendments to the by-laws were taken up and an article inserted admitting

county, district, and alumnae associations to membership. A plan of division of the state was submitted and approved and the matter of appointing charter chairmen left in the hands of the executive board. The following officers were elected: president, Bertha J. Gardner; vice-presidents, Margaret Hickey, Rose Schmoker; secretary, Elizabeth Higbid, 341 Graham Avenue, Paterson; treasurer, M. B. Bamber. Miss Gardner and Miss Squire were appointed to represent the association at the meeting of the State Federation of Women's Clubs.

Orange.—A TUBERCULOSIS EXHIBIT was held from April 24 to May 3. Attractive speakers were secured for every day, and nurses' day, on April 27, was one of the most interesting. The leaders of the afternoon were E. T. Patterson, of the Vanderbilt Clinic, and Genevieve Wilson, also of New York, speaking on "The Children's Classes"; while five-minute reports were given by six local societies. The attendance during the ten days passed the 13,000 mark, while 10,000 had been the most sanguine hope of the Antituberculosis League, under whose auspices the exhibit was conducted.

West Orange.—THE GUILD OF ST. BARNABAS held a memorial service in St. Mark's Church on May 21 for three active members who have recently died: Mrs. Corinne Heyward Williamson, Mrs. M. G. Perrine Condit, and Miss S. E. Bird.

Paterson.—THE PATERSON GENERAL HOSPITAL has received a generous gift in the form of \$40,000 presented to it by Mr. Peter Quackenbush for the purpose of erecting a nurses' home on land given the hospital by his late wife.

Montclair.—THE HEALTH BOARD has ordered that all bread sold must be delivered in sealed aseptic bags.

PENNSYLVANIA

Philadelphia.—THE ALICE FISHER ALUMNÆ of the Philadelphia General Hospital held its sixteenth annual meeting on Easter Monday, at the nurses' home, Blockley. The meeting was called to order by the president, Miss Molloy, who spoke of the work of the past year and announced that in January, 1910, the training school would celebrate the twenty-fifth anniversary of the founding of the school and invited suggestions for a grand celebration and reunion of all the graduates of the school. The secretary's and treasurer's reports were read and were very encouraging. The following officers were elected: president, Mollie Molloy; vice-presidents, L. Guenther and E. J. Quintin; secretary, M. L. Van Thuyne; treasurer, Mrs. M. P. Warmuth; Executive Committee, M. Lewis, M. Lafferty, and L. W. Allen. The social feature was a reunion. Miss K. Kerwan, Miss J. Jones, and Miss Lewis, of the first class, were present, and it was a great pleasure to meet so many of the older nurses. Twelve subscriptions to the JOURNAL were secured. Miss Van Thuyne was elected delegate to the annual convention. Refreshments were served.

THE ROOSEVELT HOSPITAL held its first annual commencement on the evening of March 13 at the Episcopal Church of the Advent. The graduates were the Misses Graybill and Landers. Addresses were made by Rev. Edward M. Frank and Dr. Henry Beattes. After the awarding of diplomas and the presentation of pins, a reception was given at the hospital.

THE ALUMNÆ ASSOCIATION OF THE TRAINING SCHOOL FOR NURSES OF THE PRESBYTERIAN HOSPITAL, had the pleasure of having Miss Boardmen, of Washington, at their April meeting, who gave an intensely interesting address on Red Cross work. The same month a reception was given to the May graduating class.

Pittsburg.—THE MERCY HOSPITAL ALUMNÆ ASSOCIATION held its second annual meeting at the hospital on April 29. The meeting was well attended in spite of the inclemency of the weather, several out-of-town members being present. Officers were elected as follows: president, Nora O'Neill; vice-president, Kate Hahessey; secretary, Rose Marie Murrin; treasurer, Tresa Vogl. After the meeting a luncheon was served in the nurses' home. The next meeting will be held on June 24.

DISTRICT OF COLUMBIA

THE NURSES' EXAMINATION held on May 3 and 4 consisted of the following questions:

Anatomy, Physiology, and Hygiene.—1. What four (4) distinct tissues are found in the body? 2. Name the bones of the pelvis. What organs do they enclose? 3. What are the lymphatics? Into what two (2) vessels do they terminate? What becomes of their contents? 4. What is respiration? Describe in detail. 5. In what two ways do the products of digestion reach the blood? 6. What two sets of glands are connected with the skin? What does each secrete? What is the function? 7. Name the special senses and seat of each. 8. Describe an ideal sick room from a hygienic standpoint. 9. What is the best system of ventilation? Why is a thermometer important? In what part of the room should it be placed? 10. Of what gases is atmospheric air composed and in what proportions approximately? What effect has respiration upon the air?

Materia Medica.—1. Define anæsthetics, astringents, diuretics, stimulants, tonics, hypnotics, narcotics, deodorants, emetics, and escharotics. 2. Where is ichthyol obtained? Give uses. 3. Give antidote and treatment for carbolic acid poisoning. 4. From what is quinine obtained and in what diseases is it a specific? 5. Give the doses of the following: strychnine sulphate, atropine sulphate, nitroglycerine, liquor potassii arsenitis, and chloral hydrate.

Dietetics.—1. Name the different classes of foodstuffs and give an example of each. 2. What are the chief ingredients in fruits? 3. Describe the action of the gastric juice on food. 4. State the length of time required to cook properly the following cereals: rolled oats, rice, and cornmeal mush. 5. Give the two complete food products furnished by the animal kingdom.

Surgery and Contagious Diseases.—1. (a) What are the four symptoms of inflammation? (b) What is a circumscribed collection of pus called? 2. What is the use of aseptic surgery? Of antiseptic? 3. (a) Tell the process of the healing of wounds. (b) What is a contusion and what becomes of it? 4. What is Fowler's position and why is it used? 5. What is the difference between a fracture and a dislocation? 6. Tell how to prepare the skin for an incision. 7. (a) Define sporadic, endemic, epidemic. (b) How would you use a culture tube on a case of suspected diphtheria? 8. Give the history of a moderately severe case of scarlet fever progressing to recovery. 9. What can a nurse do in a case of laryngeal diphtheria, with suffocation, until arrival of physician? 10. How would you treat bed and body clothing in scarlet fever or diphtheria? How would you disinfect a room the cubic contents of which is 1000 cubic feet?

Obstetrics and Gynæcology.—1. When in charge of an obstetrical patient at what stage do you consider it necessary to practice strict asepsis and antisepsis? 2. Mention some of the symptoms of the approach of labor. 3. Give the nursing care of mother for a few hours after termination of third stage of labor. 4. What organ is generally conceded to be the weak spot and requires particular watching

during pregnancy? 5. How would you care for the umbilicus from delivery of child till falling off of cord? 6. (a) During the first week how long would you allow an infant to remain at the breast for each feeding? (b) What interval would you allow between each feeding? 7. How would you care for an infant's breasts that had become enlarged? 8. How would you give a bladder irrigation? 9. What are the symptoms of puerperal septicæmia? 10. (a) What temperature would you give a vaginal douche to control hemorrhage? (b) Mention three other methods you could employ to control uterine hemorrhage while awaiting the arrival of physician.

Medical Nursing and Emergencies.—1. Mention several things that may be done for retention of urine beside catheterization. 2. What is the danger in catheterizing a distended bladder? How may this be avoided? 3. Outline the nursing care in a case of renal colic. 4. Describe the care of pneumonia case when the fresh air treatment is used. 5. Mention several simple remedies that may be used for child with spasmodic croup. 6. How should clothing, utensils, and excreta be disinfected in fever cases? 7. Give nursing measures used for foreign bodies in the eye, throat, and ear. 8. What nursing measure may be used for child in convulsions? 9. Give nursing measure for the relief of impacted bowels. 10. Mention several nursing measures that may be used for insomnia.

ORAL EXAMINATION

1. (a) In putting on an *under* sheet what points are to be observed for the comfort of the patient and appearance of the bed? (b) In putting on an upper sheet? 2. How would you make an ether bed? 3. How would you make a bed for a patient with involuntary dejections? 4. (a) What is needed for a simple enema? (b) How would you prepare and place the patient? (c) What temperature should the water be? 5. (a) What is the best way to give a nutritive enema? (b) What temperature should it be? (c) What quantity? 6. How would you give normal salt solution by rectum for stimulation? Temperature, quantity, length of time in giving, way of giving, and how to prepare solution? 7. Tell how to make and apply a mustard plaster to the abdomen. 8. Tell what appliances you would need for catheterizing a female and how you would do it in detail, step by step. 9. How would you prepare and give a hypodermic? Tell entire process. 10. Tell how you would arrange a patient for a bath to reduce temperature. How would you give such a bath? 11. In making a quart of 1:20 carbolic solution (5 per cent.) how much carbolic and how much water would you use? 12. Tell the approximate equivalent of the following in the metric system: 2 pints, $15\frac{1}{2}$ grains, 3i. 13. Give temperature of a cold bath; cool, tepid, warm, hot. 14. How is a hot air bath given? How is patient and bed prepared, etc.? How long do you keep him in? 15. What can a nurse do to prevent bed-sores? 16. How would you apply leeches? 17. How would you give by hypodermic gr. $\frac{1}{6}$ of morph. sulph. if you had only gr. $\frac{1}{4}$ in the house? 18. How would you give gr. $\frac{1}{60}$ of nitroglycerine, if you had tablets of gr. $\frac{1}{100}$? 19. (a) How would you prepare and apply a *large* hot fomentation? (b) How would you prepare and apply a small one, say to the eye, or to a hemorrhoid? 20. How would you drape a patient for vaginal examination? What position?

Washington.—VASHTI BARTLETT, a Johns Hopkins graduate, who spent several months in Labrador with Dr. Grenfell, has become assistant superintendent of Garfield Memorial Hospital.

MARYLAND

Baltimore.—ETHEL HOLMES and Frances Butler, graduates of Johns Hopkins Training School, have opened a private home for the nursing care of convalescents at Pass Christian, Mississippi, on the Gulf of Mexico. The house has large grounds and is near the water's edge. Christina Dick, for several years in charge of the Baltimore Eye and Ear Hospital, resigned her position March 1. Amy MacMahon has resigned from the staff of the Instructive Visiting Nurse Association. Mary Bartlett Dixon has been appointed a member of the Woman's Board of Police Matrons of Baltimore, representing the Maryland State Association of Nurses. Miss Dixon is chairman of a committee to procure the appointment of a woman physician to examine, when necessary, girls under sixteen years old who are brought to the station house. Last year, 61 girls under 16 years were found to have been maltreated by men. Nora Holman has resigned her work as visiting nurse in Newark, New Jersey, expecting to devote a year to further study. Annie McDaniel has been appointed school nurse for Atlanta, Georgia. This is new work, and the Atlanta Board of Education has sent Miss McDaniel and the doctor in charge of the schools to New York, Boston, and Baltimore to study the methods of school inspection. Lassine Lassen resigned her position as assistant superintendent of the Garfield Memorial Hospital, Washington, D. C., and on March 15 became superintendent of nurses at the Maryland State Sanatorium for Tuberculosis, Sabillasville. Miss Mowe-French has been made head nurse of the Infirmary of the Sanatorium. Miss Sparrow has taken charge of the Franklin City Hospital, Franklin, Pa., a hospital staffed entirely by graduate nurses. Martha Ellison is her assistant. Charlotte Miller is employed as tuberculosis nurse in the public schools of Pittsburg, Pa., following Miss Stark who has resigned. Miss Stark's paper, read at the Tuberculosis Congress last fall, will be remembered by readers of the JOURNAL.

THE UNIVERSITY OF MARYLAND TRAINING SCHOOL held graduating exercises for the class of 1909 at the University on May 5. There was a large attendance. The address was given by Dr. Arthur Shipley and was much appreciated. The following received diplomas: Misses Dukes, Green, L. Chapline, Pue, Tull, Wham, E. Chapline, Hall, Getzendamer, Ely, Squires, Tews, Robey, Almond, Carter, Saulsbury, Wright. Nettie Flanagan, former superintendent of nurses, has accepted the position as superintendent of St. Luke's Hospital, Spokane, Washington, entering upon her new duties June 1. She carries with her the best wishes of her former associates. Augusta Russell, graduate of the University of Maryland Training School, has resigned her position in charge of the State Sanatorium for Tuberculosis, Sabillasville. Ruth Kuhn, formerly superintendent of nurses, Coast Line Hospital, Waycross, Georgia, has resigned her position. Miss S. S. Ravenel has been appointed visiting nurse by the Aiken, South Carolina, County Antituberculosis League.

SARA WARD, graduate of the Church Home and Infirmary, has taken charge of the baby's ward at the Nursery and Child's Hospital. Hassie Strain recently resigned her position as superintendent of the Huntington Hospital, Huntington, West Virginia. Margaret Judge, recently nursing in the Colon Hospital, Panama, has finished her term of service and returned home. Lilian Oeligrath is employed as nurse by the Maryland State Association for the Prevention of Tuberculosis. Rose Keating has been appointed resident nurse at the State University of Mississippi. Mary Tracy has been made head nurse at the Montana State Insane

Asylum. Margaret Murray, late of the Panama Canal Service, has enlisted for three years in the naval service and is at present on the Pacific Coast.

MARY CAMPBELL, graduate of the Homœopathic Hospital, Buffalo, and for two years superintendent of nurses at the Maryland Homœopathic Hospital, Baltimore, has resigned. She is succeeded by Amy Armour, from Toronto, Canada.

SARA E. PARSONS, former superintendent of nurses at the Shepherd and Enoch Pratt Hospital, is taking the course in hospital administration at the Massachusetts General Hospital. She is succeeded by Miss McCabe, a Johns Hopkins graduate.

VIRGINIA

THE GRADUATE NURSES' EXAMINING BOARD OF VIRGINIA will begin its next examination for state registration in Richmond on June 23, 1909. All applications should be filed with the secretary *before* June 9. Applicants whose applications are on file will be notified as to time and place.

L. DE L. HANGER, Secretary,
409 Waverley Boulevard, Portsmouth.

THE GRADUATE NURSES' ASSOCIATION OF VIRGINIA held its ninth annual meeting in Norfolk, on June 15-16-17. The sessions, papers, and discussions will be, by request, devoted to the work and problems of the private nurse. Mary Cloud Bean of the Johns Hopkins Alumnæ is to read a paper on "The Private Duty Nurse and her Patient in the Question of Fees." Two papers, which were last year asked for, for this year's meeting, are "The Private Nurse on Duty in the Hospital;" one to be written from the standpoint of the superintendent and one from the point of view of the nurse. These papers will probably create lively discussion. The date of the state meeting was arranged with a view to having a report from the delegate to the national convention in Minneapolis, so as to give the meeting added interest and rouse the nurses present to the topics and discussions handled by the Associated Alumnæ.

THE GRADUATE NURSES' EXAMINING BOARD OF VIRGINIA held the annual meeting in February at the Nurses' Settlement, 108 North Seventh Street, Richmond. The president, Miss Cabaniss, presided, all members being present, Miss Morris, Miss Johnson, Miss Laird, Mrs. Hanger. In June, 1908, forty nurses applied for registration by examination; of this number four failed. In December, forty-two applied, including those who failed in the previous examinations. All December applicants successfully passed the examinations and were granted Virginia certificates of registration. Miss Cabaniss will visit the hospitals throughout the state during the year; this plan is thought superior to the one previously adopted when each member has visited the schools in her vicinity. By repeated visits it is hoped to keep in touch with the superintendents and the methods employed by all schools. A reference library is being purchased for the use of the Board and all recognized text-books will be added as they appear. The hospitals have again complied with the request of the Board to furnish a list of accepted and rejected probationers, discharged pupils, and all graduates. An effort is made to keep a list of all such, as there are yet a few who will attempt to pass as graduate nurses who have no right to the title R.N. All known violations have so far been discontinued without invoking the power of the

courts. This is felt to be due to the tact and keen judgment of the president, Miss Cabaniss. The Nurses' Registries were requested to furnish the Board with a list of nurses on their books, and judging from the reports of those who kindly complied, few strictly adhere to the rule of registering those who have state certificates of registration or who have been granted a permit. It is hoped to be able to persuade them to adopt this rule especially when they use the title "Registry for Registered Nurses." The Board has received courteous co-operation and help from the majority of nurses and judging from the encouraging letters received from other states the examiners may say that they are slowly progressing toward the purpose for which registration was adopted. The following officers were elected for the coming year: Miss S. H. Cabaniss, president; Mrs. Hanger, secretary and treasurer.

LEAH DE LANCEY HANGER, Secretary.

Bon Air.—ELISABETH R. P. COCKE, corresponding secretary of the state association has been quite ill at her home for many weeks past with a severe attack of rheumatism.

WEST VIRGINIA

Huntington.—THE STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will meet at Huntington, at the Carnegie Building, June 16, at 9 A.M.

GEO. LOUNSBURY, Secretary.

THE CABELL COUNTY GRADUATE NURSES' SOCIETY met with Gertrude Hamilton on May 3. Many nurses who anticipated going were prevented by a heavy rain at the time of meeting, so the attendance was small. No officers were present and no business transacted. Those present enjoyed a pleasant social hour. Light refreshments were served by the hostess.

Charleston.—THE WEST VIRGINIA HOSPITAL AND TRAINING SCHOOL ASSOCIATION met at Hotel Ruffner on May 20. A number of interesting subjects were discussed. Reports were given by the committee on by-laws and constitution, and on curriculum. The latter proposed that the time be extended for preparing and adopting a curriculum till the July meeting, in order that they might get in touch with training schools other than those represented at this meeting. The report was accepted and the time extended. Papers prepared for this meeting were held over from lack of time—time being taken up by business and other discussions; a good program is being prepared for the next meeting. Good work has already been done by this organization, and it is to be hoped that every hospital and training school in the state may send a representative to the next meeting which will be held in Huntington, the third Tuesday in July. It is intended that this association shall be to the hospitals and training schools of the state what the National Hospital Association is to those of the nation.

KENTUCKY

Louisville.—THE JOHN N. NORTON INFIRMARY held its commencement exercises on the evening of April 23 at the Woman's Club with the following program: prayer, Bishop Woodcock; address, "My Ideal Nurse," Rev. Dr. Hawes; address, "The Duty of the Public to the Nurse, and the Duty of the Nurse to the Public," Dr. John G. Cecil; presentation of diplomas, Bishop Woodcock; presentation of pins, Mr. McCulloch; presentation of Dr. Tuley's prize for highest average in obstetrics, Bishop Woodcock. Members of the graduating class are the Misses Wright, Sisco, Russell, Hughes, Moore, Kreutler, Randal, Drane. Music and dancing followed the exercises.

THE NORTON INFIRMARY ALUMNÆ ASSOCIATION devoted its April meeting to a study of woman suffrage and school suffrage for women. Kentucky women asked for the latter at the last legislature and will ask again next January. The association was most fortunate in having Miss Penfield, of Texas, delegate of the National Woman's Suffrage Association, to explain this important subject. She handled it with such skill and spoke in such simple, convincing terms, that all present were in favor.

MISSISSIPPI

Columbus.—MISS BANZHOF, a graduate of the Philadelphia Hospital, and Grace Anderson, a graduate of the University of Maryland Hospital, who have recently resigned positions at the Ellis Hospital, Schenectady, N. Y., have together taken charge of the Industrial College and Institute.

OHIO

Akron.—THE CITY HOSPITAL OF AKRON TRAINING SCHOOL FOR NURSES held its commencement exercises on the evening of May 17 at the First Presbyterian Church. Addresses were made by Drs. S. N. Watson and H. H. Jacobs. The graduates were the Misses Osterstock, Schell, Kalber, Hardgrove, Pickton, Venner, Bostwick, Standish, Dumont.

THE CITY HOSPITAL OF AKRON NURSES' ALUMNÆ ASSOCIATION held its annual meeting at the nurses' home on April 26. The following officers were elected: president, Elizabeth Carrol; vice-president, Bessie Carter; secretary, Emma Donnenwirth; treasurer, Grace Leonard; Executive Committee, Helen McCrory, Marion Chalmers, Ida Donnenwirth. It was decided to give the annual dinner to the graduating class some time in June.

Cincinnati.—THE JEWISH HOSPITAL ALUMNÆ ASSOCIATION held its regular monthly meeting on May 7 in the Director's room of the hospital, Miss E. Mielziner, secretary, in the chair. The annual election resulted as follows: president, M. M. Roberts; vice-president, E. B. Ardill; recording secretary, E. M. Pierce; corresponding secretary, E. Mielziner; treasurer, I. Ardill. After the disposal of business, the acting president read another of a series of charming letters from the absent president. A tribute was paid to Mrs. Ilsen's devoted and untiring efforts on behalf of the association. Through the kindness of Mrs. Ilsen, the alumnae had the keen pleasure of hearing a paper, read by Dr. Morse of Chimney Rock, N. C., before the state medical association. This paper, "The Sanatorium Treatment of Tuberculosis," was read by Miss H. Rose. After the incoming president took the chair, the meeting adjourned until June 4, when the annual outing takes place.

MICHIGAN

Saginaw.—THE MICHIGAN STATE NURSES' ASSOCIATION held its fifth annual meeting on May 25, 26, and 27. The program shows that the first day was taken up with business, addresses of welcome and response, the address of the president, Miss Parker, and reports of committees, ending with a drill in parliamentary law. An informal reception was given in the evening. On May 26, papers were read on school nursing by J. Bessie Goodrich, Martha Aylesworth, and Bessie C. Abbott. The afternoon was occupied with visits to a manual training school, a school for the blind, and a trolley ride. In the evening an address was given by Lavinia L. Dock, R.N., and by Dr. F. W. Shumway, on "The Professional

Nurse and Her Relation to Public Health Service." The last day was occupied with business.

Detroit.—THE FARRAND TRAINING SCHOOL FOR NURSES, connected with Harper Hospital, held its annual commencement in the chapel of the First Presbyterian Church on April 27. A reception was given at the Swain Home on the following evening. The graduates were the Misses Clark, Brown, Harris, Bryden, Torr, Kennedy, MacKay, Brower, VanAllen, Anderson, Trezise, Howard, Nairn, Jeffs, Warren, Hoxsey.

ILLINOIS

THE ILLINOIS STATE ASSOCIATION held its quarterly meeting in Quincy on May 12 and 13. The committee chosen to raise funds for erecting a shack for the care of nurses having tuberculosis reports that the donations coming in are most encouraging.

Chicago.—THE ILLINOIS TRAINING SCHOOL FOR NURSES held its commencement exercises in the amphitheatre of Cook County Hospital on May 25. A reception followed at the nurses' home. The banquet given by the alumnae association to the graduating class took place at the auditorium on the evening of May 26. Gladys McCune, class of 1908, is acting as assistant superintendent of nurses at the Milwaukee County Hospital, Wauwatosa.

THE AUGUSTANA HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises for the class of 1909 at Trinity Lutheran Church on the evening of May 19. The graduates were the Misses Bergman, Boman, Ermey, Field, Gunderson, Gustafson, Holmberg, Hall, Johnson, Liljegren, Lindberg, Law, A. Munson, Magnuson, F. Munson, Odman, Proctor, Petersen, Ross, Rosengren, Renius, Rasmussen, Simonson, Sellergren, Uldine, Wallberg, Weninger.

Quincy.—THE BLESSING HOSPITAL TRAINING SCHOOL held its fourteenth annual graduation on the evening of May 17 in the Unitarian Church. The address on "The Present and Future of Trained Nursing" was given by Dr. John M. Dodson, of Chicago. The graduates were the Misses Stewart, Gordon, Mayo, and Stone.

INDIANA

THE INDIANA STATE NURSES' ASSOCIATION met in its sixth semi-annual session April 21 and 22 in the auditorium of the public library at Marion, Ind. The meeting was called to order by the president, Miss M. B. Sollers, R.N., and Rev. Mr. Rowan invoked a blessing upon the work. Dr. Fankboner gave a most cordial welcome and Mrs. Edgerly responded in behalf of the association. The president in her address reviewed the work done since organization and showed what registration and the examining board had done. She also paid a loving tribute to the first president Mrs. E. G. Fournier who has recently gone to Canada to a new field of labor. Delegates from the affiliated societies gave interesting reports showing growth in interest and numbers. Three new societies have been organized since the last meeting and will soon affiliate with the state association. Fourteen new members were received at the present meeting. The papers prepared by nurses upon "State Registration," "History of Nursing," and "Ethics in Nursing" were very interesting and instructive. Dr. W. A. Fankboner and Dr. C. O. Bechtol, of Marion, gave some very helpful talks and aroused lively discussions, especially when the subject of over-trained nurses was mentioned. The executive council elected Miss M. D. Currie as delegate to the Associated Alumnae. On the first evening a banquet was given by the Grant

County Medical Society at the Presbyterian Church parlors, and the next day the Marion Drug Association gave the members a trolley ride to the National Military Home, where they were entertained in the Assembly Hall with a concert by the military band, and then shown over and through the grounds and buildings of this beautiful little city given by our government to the valiant defenders of our country. This is the first meeting of nurses in Marion and as the local association has but eleven members they are to be praised and congratulated upon the great success of their first effort in caring for the state association. Those who attended know it was good to be there.

MAE D. CURRIE, R.N., Secretary.

MISSOURI

THE BILL for state registration of nurses which was signed by the governor on May 5 reads as follows:

AN ACT to provide for the examination, regulation, and registration of nurses, and providing for the appointment of a board of examiners to examine applicants for registration of nurses, and to provide for the punishment of offenders against this Act.

SECTION 1. Upon the taking effect of this Act, the governor shall appoint a Board of Examination and Registration of Nurses to consist of five members. The majority of such appointees shall be chosen from those actually engaged in nursing and who have graduated from reputable training schools, giving not less than two years' course of training, who have had at least five years' experience in nursing and caring for the sick and afflicted, including one year's teaching in a training school for nurses. The members of the Board herein created shall be appointed as follows: One shall be appointed to hold office for one year, two for two years and two for three years, beginning on the first day of December, the present year, and until their successors are appointed, and thereafter the governor shall appoint, on or before the first day of November of each year, persons qualified as aforesaid in each class, to hold office for three years, from the first day of December next ensuing. Each member of said Board shall hold office until a successor is duly appointed. Vacancies upon said Board caused by death, resignation, or expiration from any cause, of the term of any member thereof, shall be filled by appointment from the same class of persons to which the deceased or retiring member belonged, and a person appointed to fill a vacancy shall hold office during the unexpired term of the member whose office is thus filled. The governor may remove any member of the Board for cause, or the continued neglect of duties required by this Act. The members of said Board shall, before entering on the discharge of their duties make and file with the Secretary of State the constitutional oath of office, and it shall have power to hear testimony in all matters relating to the duties imposed upon it by law. The members of said Board shall meet on the second Wednesday of December nineteen hundred nine, at Jefferson City, and shall elect a president and a secretary, who shall also act as treasurer, from their number, each of whom shall hold his or her respective office for one year, and the president shall have power to administer oaths. The Board shall make rules and regulations, not inconsistent with this Act and the general law, to govern its proceedings, and also adopt its seal, and the secretary shall have the care and custody thereof; and the secretary shall keep a record of all proceedings of the Board including a register of the names of all nurses registered under this Act which shall be open at all reasonable

times to public inspection. The treasurer, before entering upon the discharge of his or her duties, shall give bond in the sum of one thousand dollars (\$1000), with a surety or sureties, to be approved by the Board. Said Board shall hold one regular meeting in each year, and such additional meetings at such time and places as it may determine. Notice of such meetings shall be published in two newspapers of general circulation through the state and in one nurses' journal at least thirty days previous to such meeting. A majority of the Board shall constitute a quorum for the transaction of business. Said Board shall make an annual report of its proceedings to the governor, on or before the thirty-first day of December of each year.

SEC. 2. Every applicant for registration as a registered nurse must be at least twenty-one years of age, of good moral character and a resident or graduate nurse of this state, except as hereinafter provided. Every applicant in addition to furnishing satisfactory proof of his or her compliance with the above qualifications must also have acquired a general education substantially equivalent to that obtained by the completion of a common or grammar school course of study.

SEC. 3. On and after the first Wednesday of December, nineteen hundred nine, all persons engaged in the practice of professional nursing, and all who may wish to begin the same in this state as a registered nurse under the provisions of this law, except as hereinafter provided, shall make application to said Board to be registered to practice professional nursing and caring for the sick and afflicted. This registration shall be granted to such applicants who possess the qualifications required by Section 2 of this article, and who shall comply with at least one of the following conditions: 1st. Any applicant shall be registered to practice nursing without examination who shall present a diploma issued before December first, nineteen hundred and twelve by a training school connected with a general hospital where a two or more years' course of training is required with systematic instruction in the hospital or from one or more general hospitals of good standing supplying a systematic training corresponding to the above standard. 2nd. Any applicant shall be registered to practice nursing without examination who, prior to eighteen hundred and ninety-five received one year's training in a general hospital, sanitarium or special hospital under conditions satisfactory to the Board of Examination and Registration of Nurses, and who is actually engaged in professional nursing at the date of the passage of this Act, or who has been engaged in professional nursing for five years prior to the passage of this Act: Provided, such application shall be made under oath before December thirty-first, nineteen hundred and eleven. 3rd. After nineteen hundred twelve the applicant shall be registered to practice nursing, if he or she shall have a diploma from a training school connected with a hospital requiring a course of two or more years of training with systematic instructions in a general hospital, sanitarium or special hospital, or from one or more hospitals in good standing supplying a systematic training equivalent to the foregoing, and upon passing such an examination before the Board as may be deemed necessary to determine his or her fitness and ability to give efficient care to the sick. 4th. Any applicant shall be registered to practice nursing who shall present a certified copy or certificate of registration from another state of the union where the requirements for the registration shall be deemed by said Board to be equivalent to those of this Act.

SEC. 4. Every applicant for registration under this Act shall pay a fee of

five dollars (\$5.00) upon filing his or her application. Upon the issuance of a certificate to practice nursing, each nurse, if a resident of this state, shall cause a copy thereof to be filed with the county clerk of the county in which said applicant resides, and if in the city of St. Louis, with the recorder of deeds with an affidavit of his or her identity as the person to whom the same was issued and his or her place of residence at the time of examination and registration. If the applicant be a non-resident of this state then such certificate and affidavit shall be filed with the county clerk of the county in which is located the training school which issued his or her diploma and with the recorder of deeds of the city of St. Louis if such training school is in the city of St. Louis.

SEC. 5. It shall be the duty of the secretary of said Board to file with the Secretary of State, at least once each year, a list of all certificates issued by said Board, with the names and residences of the persons to whom such certificates have been issued.

SEC. 6. All fees received by the state Board for the examination and registration of nurses shall be paid to the treasurer of the Board, who shall issue receipts therefor, and shall be paid by said treasurer quarterly into the state treasury, and shall be credited to a fund which is hereby appropriated for the use of said state Board for the examination and registration of nurses. The compensation of the members of said Board shall be at the rate of five dollars (\$5.00) for each day actually engaged in attending meetings of said Board. The secretary may receive extra compensation according to services rendered, the sum, however, not to exceed three hundred dollars (\$300.00) a year. Such compensation and expenses of members and officers of said Board, and all expenses proper and necessary in the opinion of said Board to the discharge of its duties under and to enforce this Act, shall be paid out of such fund, upon the warrant of the auditor of the state issued upon a requisition, signed by the president and attested by the secretary of said Board under the seal of said Board: Provided that no expense of this Board shall ever be paid out of any other fund of the state either by deficiency bill or otherwise.

SEC. 7. Any person who shall have complied with the provisions of this Act and received a certificate to practice nursing shall be styled and known as a "registered nurse," and be entitled to append the letters "R.N." to his or her name.

SEC. 8. Any person who shall practice professional nursing as a "registered nurse" without first complying with the provisions of this Act shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than fifty dollars nor more than five hundred dollars for each offense and the Board shall proceed against all such persons. Prosecutions under this Act shall be begun and carried on in the same manner as other prosecutions for misdemeanor in this state.

SEC. 9. When any person shall append the letters "R.N." or shall use any other letters, figures or signs to indicate that he or she is a registered nurse, it shall be prima facie evidence of practicing professional nursing as a registered nurse within the meaning of this Act.

SEC. 10. This Act shall not apply to the gratuitous nursing of the sick by friends or by members of the family, nor by any person nursing for hire, but who shall not in any way assume to be a registered nurse.

SEC. 11. Said Board shall have the power to revoke for sufficient cause any

certificate, issued by said Board; provided, that such revocation shall only be made upon specific charges, made in writing and under oath, and filed with the secretary, and by a majority vote of the whole Board, a certified copy of such charges and thirty days' notice of the hearing of the same having been personally served upon the holder of such certificate. Said Board shall be authorized to furnish a list of the names and addresses of those whose certificates have been revoked to the board of examiners of other states upon the written request of such board.

TEXAS

Houston.—THE GRADUATE NURSES' ASSOCIATION OF HOUSTON was organized two years ago, and now has thirty-five members. It has a constitution and by-laws and has made application for a state charter. Meetings are held the first Tuesday afternoon of each month in the parlors of the First Baptist Church. A registry is conducted, for members only, which is a great improvement over the former way of registering at a drug store. The association also prints clinical charts which are sold at a reasonable price to its members, making a little profit for the treasury. Such good work has been done in the past that the members are confident of success in the future. The annual meeting was held on May 4. Jennie Pickens and R. Johnson were elected as delegates and Ida Rudisill and M. Yollond as alternates to the annual state meeting held in Temple, May 5 and 6.

NEBRASKA

Lincoln.—THE DR. BENJAMIN F. BAILEY SANATORIUM held its sixth annual commencement at the Methodist Church on the evening of May 14. A reception followed at Green Gables. The graduates were the Misses Hall, Ross, Thierof, and Hayes, and Messrs. Martin, Mulliken, Ousdal.

UTAH

Salt Lake City.—THE DR. W. H. GROVES LATTER DAY SAINTS HOSPITAL held commencement exercises in Whitney Hall on the evening of April 29. The graduates were the Misses Rogers, Dyruff, Nelson, Maiben, Proctor, Walker, Ingersoll, Garn, Franklin, Osborn, Bachman, Jensen, Douglass.

WASHINGTON

THE WASHINGTON STATE GRADUATE NURSES' ASSOCIATION will meet at Seattle, June 16 and 17. June 16 has been set aside by the Exposition officials as Washington State Graduate Nurses' Day. At 10 A.M. delegates and visitors will be received and registered at the Woman's Building on the Exposition grounds. The first session will be held in the lecture hall of the Fine Arts Building, after which a luncheon will be served. The afternoon will be spent in showing the visiting nurses about the Exposition. On June 17, the sessions will be held in the club-house of the Seattle Federation of Women's Clubs, corner of Harvard Avenue and Thomas Street, at 9 A.M. and 1.30 P.M. At 8.30 P.M. a reception and banquet will be held at the Stockade Club, Alki Point. Hotel Butler Annex, Fourth and Marion Streets, has been chosen as headquarters for the nurses, this being the only hotel making reservations. The rates will be \$3.00 a day for each person, American plan, or \$1.50 per day each, European plan. Nurses may register at this hotel whether or not they are guests, and the parlors will be given over to them for their exclusive use on June 16 and 17.

Jean Simpson, a member of the King County Graduate Nurses' Association, Seattle, will on May 1 open her home for transient guests. Those wishing to reserve accommodations should address her at 625 Summit Avenue, North.

LAURA MACMILLAN, Secretary.

Seattle.—THE KING COUNTY GRADUATE NURSES' ASSOCIATION held a regular meeting on May 5, at which Dr. Chessman gave a lecture on obstetrics. Josie Brown was elected second delegate to the Associated Alumnae. Eight new members were admitted. Reports were read from the Seattle Federation of Women's Clubs, from the Executive Committee, and the registrar. Delegates were appointed to the State Federation of Women's Clubs, for 1909 and 1910. Mrs. Bessie Davis has been appointed visiting and instructive nurse for the Antituberculosis League. The public schools are to have a model school at the Exposition, where Mrs. Edith M. Hickey is to give demonstrations of the work of the school nurse every Tuesday afternoon, from 4 to 5, for six weeks, commencing July 7.

THE NURSES' EXAMINING BOARD, appointed by Governor Hay on April 24, has the following members: Mary Keating, Spokane; A. H. Waymire, Pullman; Marguerite Campbell, Tacoma; Mrs. Mary Hawley, Seattle; Cora Smith, Anacosta.

CALIFORNIA

San Francisco.—ELIZABETH SCOTT, recently night superintendent in the Johns Hopkins Hospital, took charge on February 1 of the nurses of Lane Hospital, Cooper Institute.

CANADA

London.—THE VICTORIA HOSPITAL held its graduating exercises in the hospital on the afternoon of May 19. The members of the class are the Misses Phillips, Rennie, Haskin, Partridge, Gilmore, Barter, Sutherland, MacIntyre, Seely, Wilson, Loveless, Butt, Large, Birchard, Macauley, Reynolds, Johnston.

PORTO RICO

San Juan.—EDITH J. WHITELEY, who has been in charge of the nursing at the Presbyterian Hospital for several years, is planning to return to this country in the fall and hopes another year to take the post-graduate executive course at the Fordham Hospital, New York, in connection with Bellevue and Allied Hospitals.

BIRTHS

At Chicago, March 30, a son to Dr. and Mrs. Tieken. Mrs. Tieken is a graduate of the Illinois Training School.

At Brooklyn, N. Y., on February 15, a son to Mr. and Mrs. John Long. Mrs. Long was Clara Warburton, class of 1904, Long Island College Hospital, Brooklyn.

At Morrisburg, Canada, on January 5, a son to Mr. and Mrs. John Gormley. Mrs. Gormley was Ada LaFlarmul, class of 1896, Long Island College Hospital, Brooklyn.

At White Plains, a daughter to Mr. and Mrs. Charles Wheeler. Mrs. Wheeler was Miss Francher, class of 1904, Methodist Episcopal Hospital, Brooklyn.

At New Bedford, Mass., in March, a son to Mr. and Mrs. Thomas B. Akin. Mrs. Akin was Miss Lewellyn Hathaway, class of 1901, St. Luke's Hospital Training School, New Bedford.

At Hector, N. Y., on April 20, a son to Mr. and Mrs. William Pratt. Mrs. Pratt was Sarah Frazer, graduate of the Massachusetts General Hospital and of the Boston Lying-in Hospital.

MARRIAGES

ON April 8, at Shanghai, China, Elizabeth Sundahl, graduate of Wesley Hospital, Chicago, to Earl Nilsson.

ON April 15, at Indianapolis, Grace Letts, class of 1907, Methodist Episcopal Hospital, Brooklyn, to Murray Henry Talbot.

ON April 28, in Amesbury, Mass., Annie Cunningham, class of 1908, University of Maryland Hospital to William MacDonald.

ON January 6, at Brooklyn, Fredricka Caroline Noll, class of 1903, Long Island College Hospital, to Alexander Merle Forman.

MARGARET HUME, class of 1897, Illinois Training School, to W. T. Moore, M.D. Dr. and Mrs. Moore will live in Highland Park, Ill.

ON March 31, at Windsor, Ontario, Canada, Emma Alexandrina Riggs, class of 1900, Long Island College Hospital, to Henry John Gielow.

ON January 7, Margaret Impens, class of 1904, Mercy Hospital, Grand Rapids, to Irving Anway. Mr. and Mrs. Anway are living in Grand Rapids.

ON May 19, Anna W. Pearson, class of 1905, Worcester State Hospital, and class of 1908, Manhattan Eye, Ear, and Throat Hospital, to Frank E. Wood. Mr. and Mrs. Wood will live at Norway Lake, Maine.

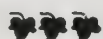
ON April 11, in the First Presbyterian Church, at Victoria, Texas, Lillian Mayfield Casey, class of 1902, Missouri Baptist Hospital, to Leon Edward Craig. Mr. and Mrs. Craig will live in Houston Heights. Mrs. Craig after graduation did private nursing in St. Louis for a time, and then served as operating room nurse for five years in Houston at the Ida Rudisill Sanatorium. Later she was superintendent of the Texas Christian Sanatorium at Houston Heights.

DEATHS

ON April 14, at Savannah, Georgia, Corinne Heyward, wife of William Williamson, and graduate of the Orange Training School, class of 1898. Her loss is deeply regretted by many sorrowing friends.

ON April 16, at Orange, N. J., Sarah E. Bird, class of 1886, Orange Training School for Nurses. Miss Bird was a charter member of her alumnae association and chairman of the committee that formulated its constitution and by-laws. A pioneer in her profession, she early had visions of its possible attainments, and was always sympathetic and hearty in her support of every work attempted for its betterment.

PRACTICAL SUGGESTIONS



IF a piece of moist gauze is placed between an ice-cap and the area over which it is to be applied it will be found much more comfortable for the patient than the dry gauze usually used. M. E. T.

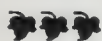
A VERY successful private duty nurse attributes much of her success to the habit of note-making. She always carries a note-book to her case and enters therein various peculiarities which she considers may be useful should she be called to that patient again. M. E. T.

THE Beers cupping apparatus, a small glass cup fitted at the base with a rubber tube, about six inches in length and having at the end a bulb, is being used successfully in the treatment of abscesses. The cup is placed over the abscess for five minutes, removed for five minutes and then reapplied. This is done for about twenty or twenty-five minutes. M. E. T.

MARKED cases of otitis media, it is being noticed, are cured in a short time after the removal of adenoids; in one instance the cure was effected in one week. M. E. T.

THE vapor of turpentine being a poison and affecting some persons who are sensitive to its effects unfavorably, it is well to be careful in regard to it. A very sensible precaution during the painting season for those to take who are compelled to endure the nuisance is to leave bowls of water in the freshly painted rooms. Some, at any rate, of the paint emanations are thus absorbed, as will be seen by the oily film on the surface of the water so exposed. An even more powerful absorbent is fresh milk which reduces the smell of paint in a room in a remarkable way. The poisonous effects of paint emanations do not appear to be connected in any way with the lead contained in the paint, the colic of painters being due to the actual contact of the person with the substance of the paint.—*The Lancet*.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

HOW TO NURSE SICK CHILDREN. By the late Charles West, M.D., Founder of and Late Physician to the Hospital for Sick Children, Great Ormond Street. Price, 1 shilling. Longmans, Green & Co., 39 Paternoster Row, London, New York, Bombay, and Calcutta.

The Hospital for Sick Children in Great Ormond Street, London, was opened in the year 1852, two years before Florence Nightingale started for the Crimea. The present volume was written by the late Dr. West evidently because he recognized the absolute lack of training in the nurses who cared for the sick children, and also to increase the funds of the hospital, the proceeds of the sale of the book being devoted to the benefit of the hospital. The present edition of the book, which is prefaced by Dr. George F. Still, M.D., at present a physician to the Great Ormond Street Hospital for Sick Children, is most remarkable as a monument to the spirit of conservatism and also of faith in old institutions that one finds in England as in no other country. The book has many practical points which no one would attempt to undervalue, but the writer naturally, fifty-six years ago, addressed a class which to-day it would be hard to find. These nurses were not taught anatomy or physiology, the materia medica is confined to a side mention of "cups," "leeches," "blisters," and, once, "calomel." One gathers that the nurses of that day lacked tenderness and womanly qualities, that they knew little or nothing of children, for the good old doctor advises the nurse in such matters as singing to the weary little sufferers; telling the older ones stories; suggesting for the help of the unimaginative such subjects as "your own childhood, the village where you played, your church, your clergyman." Nay, he even goes further and advises carefully selected fairy tales with this apology: "'Goody Two Shoes,' 'Cinderella,' 'Blue-Beard,' or 'Beauty and the Beast.' I name them because I would not have you think that fairy tales are too foolish to be told now that we have so many good and useful books for children. Grown people need amusement sometimes, and children, when well, cannot always be reading wise and useful and instructive books. The story which teaches nothing wrong, which does not teach a child to think lightly of what is good and right, which, in short, does no harm is one you need not fear to tell to

children, even though it does not impart any useful knowledge or convey any important lesson. God Himself has formed this world full not only of useful things, but of things that are beautiful and which, so far as we can tell, answer no other end than this, that they are lovely to gaze upon, or sweet to smell, and that they give pleasure to man. Your special business, however, when a child is ill is to give it pleasure, such pleasure as it can partake of; and in exact proportion as you can succeed in this will you in many instances promote the child's recovery."

From the foregoing it will readily be seen that the book will sell as a curiosity in nursing literature rather than for the claims of its title. One wonders that the new edition should be sent out without any suggestion of its value for purposes of comparison between the past and the present. Nevertheless one loves the good old doctor and recognizes through the whole book a distinct effort to help these women as women, as well as trying to get them to the point of being of use to himself.

PARCIMONY IN NUTRITION. By Sir James Crichton-Browne, M.D., LL.D., F.R.S. 12mo cloth, 75 cents net. Funk and Wagnalls Co., New York.

It is not to be wondered at that the present fad for frugality in nutrition should raise a protest and it seems particularly appropriate that a particularly strenuous protest should be heard from England, where for generations they have called the army and navy to the mess with the tune "Oh, the Roast Beef of Old England! and oh, the old English Roast Beef." The writer complains that one-half the world is possessed by a terrible fear of growing fat, and that this half is confronted by the other half wildly fighting a wasting leanness. Naturally, Sir James, being a Britisher, sides with the under dog. The luxurious indulgence of the rich which causes them to moan on the weighing machine and to whisper to each other of the latest antifat remedy does not stir his heart to pity except for the money which goes to waste. His concern is for those, who, under this cry against too much food, are liable to have too little. Statistical and experimental studies, and careful laboratory tests, point to a prevalence of excess in feeding which Sir James Crichton-Browne is prepared to combat to the last ditch. There is a good deal to be said for his contention that all that great body who are in one way or another wards of the public—the prisoners, the inmates of charitable institutions, as well as the army—need no reduction of the dietetic scale.

He complains that the standards of Voit of Munich, and Atwater of the United States, which have been very generally accepted by the world

as the minimum of what is necessary for the maintenance of health and strength (the Voil standard allows the average working man 118 grammes of proteid food, 56 grammes of fat, 500 grammes of carbohydrates; with a total value of 3055 calories, increasing under hard labor to 3370 calories per day. Atwater's standard for a man, doing moderate work, calls for 125 grammes of proteid food with sufficient fat and carbohydrate to equal 3500 calories) are being endangered by a new dietetic philosophy which has arisen in America; he calls it an American doctrine and accuses as arch heretics two exponents, namely, Mr. Horace Fletcher and Professor Chittenden, of Yale. Mr. Fletcher, the prophet of mastication, he regards as, on the whole, a harmless fakir, Professor Chittenden as a dangerous foe. Of the former he speaks rather with amiable toleration, as one whose rise and fall is discernible in a day, noting him an enthusiast loudly hailed by enthusiasts, and quoting in particular the panegyric of Dr. Kellogg of Battle Creek, who writes: "You are certainly promoting the most important hygienic reform which has been brought forward in modern times; you deserve the gratitude of the world." "We are chewing hard at Battle Creek, chewing more every day." "We have gotten up a little chewing song, which we sing to the patients. The idea of munching parties is a good one. . . ." "A quartette sang the chewing song just before my lecture in the parlor last evening." "I read some of your notes to my colleagues, and they were so much affected that tears came into our eyes."

Professor Chittenden is dealt with as a much more serious foe, the remainder of the book, five chapters out of a book of six, being employed in adducing evidence from the world's history to prove that the highest civilization and the greatest achievement has gone hand in hand with a generous and varied diet. Sir James fears that Professor Chittenden's work will arouse more cupidity than economy. He sees that the class who need to economize are already in danger of overdoing in this direction and advises teaching the selection and preparation of food that will ensure the proper amount of proteid; not instructing the poor on the art of existing on an attenuated fare, which starves them of every virtue except life itself. He touches on the danger of increasing disease of the nerves or tuberculosis by lowering the standard of diet and the reviewer is reminded of the saying of an old professor of medicine now long since gone to his rest: "Nature can dispose of a surplus but she can't make up a deficiency." The tendency of the times to a more and more strenuous life certainly does not seem to call for a reduction of the present standards of living, and we may hope that while public interest remains in its present wide-awake condition we may look for better things, rather than changes for the worse.

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EDITORIAL COMMENT



THE NATIONAL CONVENTIONS THE SUPERINTENDENTS' SOCIETY

THE Washington convention four years ago marked an era in nursing progress, and the coming together of the three nursing organizations in Minnesota during the first week in June has again emphasized the marvellous growth of the nursing associations and the rapid strides which the profession is making along many divergent lines of progress.

The programs were carried out practically as announced. At the meeting of the superintendents in the auditorium of the Hotel Ryan, St. Paul, on the afternoon of Monday, June 7, the names of but fifty-one members of the society were shown on the register, but the hall was packed to the doors by an audience composed of delegates to the other associations and nurses from the community. At each session the room was filled in the same manner.

The president, Mrs. Robb, was in her most gracious form. The trend of the papers and discussions was for the more careful preparation of the pupil in training for the constantly increasing responsibilities which society is forcing upon her. The key-note of Mrs. Robb's address to the superintendents was that they must themselves be first of all good practical nurses, observing personally the work of their nurses in the wards rather than administering the affairs of their school from their offices, with a plea for the establishment in the great centres of central directories which should control all forms of nursing work.

It is impossible to comment on all the special features of these meetings. The report of the Committee on Education, presented by Miss Nutting, included, among other valuable suggestions, an outline prepared by a special committee appointed during the year for home care of the sick to be recommended for the use of the Red Cross, schools, and

organizations which feel the necessity of establishing work of this kind. Miss Nutting reported two conferences of this Committee on Education with the education committee of the American Hospital Association in which, it is gratifying to learn, the attitude of that committee was in support of all the more important advanced measures of the teaching body.

The committee reported also the establishment of a preliminary course for students of training schools at Teachers' College and stated that the college will assume the greater part of the expense of maintaining the course in Hospital Economics when the classes shall have grown larger, fifty or seventy-five, as is the case in other departments.

In the report of the special committee appointed during the year on reorganization, of which Miss Gladwin was the chairman, it was shown by a canvass of the members that the consensus of opinion among them was against any form of amalgamation which would cause a loss of identity of the society, and that this opinion was held most strongly by those longest in the association. The vote taken confirmed this, although the decision was unanimous that, at least for a time, the meetings should be held at the same time and place as the Associated Alumnae.

The paper read by Miss Erdmann on training-school committees brought out a vigorous discussion, showing that large numbers of schools are without such committees, and that committees representative of all departments of the hospital should be established as being a means of promoting the welfare of the training school and protecting its standards from reactionary measures.

Another paper which brought out much animated and lively discussion was that of Miss Martha Russell, of the Sloane Maternity, New York, on the preparation of the student nurse for obstetrics. It resulted in the question of the amount of time to be devoted to the study being referred to a committee which will submit at the next meeting an outline of what the course should cover.

The paper on the nursing of nervous diseases by Elsie M. Lawler, of Johns Hopkins Hospital, Baltimore, also gave rise to very animated discussion on the care of the nervous and insane, which question was also referred to the Committee on Education with instructions to make a study of the whole broad question of the nursing of the insane and to submit recommendations to the members.

Miss Nutting was elected president for the coming year, the next meeting to be held in New York City. The secretary's report of the official proceedings is found on another page and the papers and proceedings will be published in book form and sent to the members. Extra

copies may be ordered by applying to the newly elected secretary, M. Helena McMillan, at the Presbyterian Hospital, Chicago, Ill.

THE FEDERATION

The Federation of Nurses convened at the First Baptist Church in Minneapolis on Wednesday, June 9, with Miss Nutting, the president, in the chair. On account of pressure of time, a few papers whose writers were not present to read them were given by title only. Miss Nutting, in her opening address, emphasized the importance of intelligent co-operation with other groups of workers on matters of the public welfare, speaking particularly of suffrage, prohibition, and moral prophylaxis. She expressed her approval of laying aside for a time efforts to increase the Hospital Economics endowment which has now reached such figures that it is free from immediate embarrassment, and of concentrating all effort for this year in increasing the JOURNAL Purchase Fund of the Associated Alumnae.

While all the reports and papers presented at this meeting were of a very high order of excellence, we can mention here only that of Dr. Richard Olding Beard, professor of physiology at the University of Minnesota, entitled "The University Education of the Nurse." In this he reviewed broadly the subject of higher education and announced the establishment at the University of Minnesota of a department of nursing. A hospital is being built on the University campus for the teaching of nurses and young medical students; enough graduate nurses are to be employed to make it possible for the pupil nurses to be a part of the University student body, with an eight-hour day. Following this paper, and upon the suggestion of Miss Helena McMillan, superintendent of the Presbyterian School of Nurses, Chicago, a committee was appointed to send a letter of recommendation to the universities of the country asking that such courses shall become a part of the regular university curriculum.

At the close of this meeting, after the appointment of the four delegates to the International Council of Nurses, to be held in London in July (Miss Goodrich, Mrs. Robb, Miss Delano, and Miss Cadmus), instruction was asked for these delegates on the suffrage question. The vote taken was in the negative.

THE ASSOCIATED ALUMNÆ

The Associated Alumnae was called to order by the president, Miss Damer, at ten o'clock on Thursday morning, at the same place, the First Baptist Church. As undoubtedly all the papers and proceedings

of this meeting will be given in full in an early number of this magazine, we give space now only to comments on a few subjects of national importance.

Mrs. Robb, chairman of the committee on the Red Cross, presented a very carefully prepared report of the work of her committee, which included a report of conferences held with the officers of the National Red Cross in Washington, with suggestions submitted to them by the committee, and those suggested by the Red Cross in return. This last proposal was that, in the formation of a special nursing department of the National Red Cross, the government shall be in the hands of a committee of sixteen, of whom nine shall be nurses, nominated by the nursing associations. Resolutions to accept this proposal were presented and spoken to favorably by Misses Delano, Dock, Davis, Nevins, Palmer, and others, and after a very thorough discussion were unanimously adopted. The Red Cross committee, which was re-elected, was instructed to work out such a plan in detail with the National Red Cross.

Miss Damer, in her address, referred to the question of the growing necessity for reorganization, and after the paper on "State Societies, Their Organization and Place in Nursing Education," a general discussion followed which resulted in the recommendation that a committee be appointed to outline a plan for the reorganization of all our nursing bodies, beginning with the unit, including a recommendation by Miss Cooke, of the *Pacific Coast Nursing Journal*, speaking from experience of the successful working out of such a plan, that the subscription to the official organ of the society, THE AMERICAN JOURNAL OF NURSING, shall be included in the membership dues.

One of the most important of the many discussions that took place was that on the increasing of the JOURNAL Purchase Fund, in which the facts were brought out that during the past few years the society has generously responded to appeals for financial support for the course in Hospital Economics and for the Tuberculosis Congress in Washington, while contributions to the JOURNAL Purchase Fund have added only six shares to those held by the Associated Alumnæ. A plan was proposed by Miss S. F. Palmer, whose appeal was made not as editor of the JOURNAL but as a charter member of the association and one of the original stockholders of the JOURNAL, that each affiliated member of the society be asked to contribute fifty cents as her share of the balance of the Purchase Fund. This was taken up with enthusiasm, the first response coming from the representative of a school in southern California, and in a few minutes pledges were made to the amount of over \$3000.

If this amount of money can be turned in before the first of Decem-

ber, the Associated Alumnæ will own, at the next stockholders' meeting, more than sixty shares out of the one hundred, and it is confidently expected that the entire fund will have been raised before the next convention.

As has already been announced in these pages, the withdrawal of Miss McIsaac, who was the unanimous choice for the presidency, necessitated that the nomination for that office be made from the floor. Objections had been raised to the candidate put forward by the nurses of New England and the west, Miss S. F. Palmer, on the ground that her editorship of the JOURNAL, if combined with the presidency, would place too much power in the hands of one person, but all happily compromised on Miss Jane A. Delano, of New York, who, upon Miss Palmer's request, made the second candidate and was elected. Miss Delano was formerly the superintendent of nurses at Bellevue, and is not at the present time actively engaged in nursing work, but is associated with the work of the Red Cross.

A resolution was presented by Miss Gladwin, representing the alumnae association of the Boston City Hospital, expressing appreciation of the long, faithful, and efficient administration of the affairs of the association by the retiring president, Miss Annie Damer.

The Social Side

The entertainments were most enjoyable. The Minnesota nurses spared no pains in providing for the pleasure and comfort of their guests, in spite of the fact that the hotel managers failed to keep faith with them on account of another convention of men which was held during the same week and which monopolized the services originally intended for the nurses. The cordiality of the welcome and the interest of the meetings more than counterbalanced what little discomfort some of the members experienced.

The picnic held at Minnehaha Falls on the afternoon of Thursday was one of the most novel that the convention has ever enjoyed. Each member was provided with a most inviting lunch box in the form of a suit case, containing the essentials for an enjoyable picnic supper, and covered with advertising labels made to represent the tags which are the pride of foreign travellers. There were a few automobile parties made up at this time, but the majority of the members were given a ride in special cars, making the rounds of the two cities and arriving at the picnic grounds at seven o'clock, where tables were attractively spread and delightful music was provided.

Luncheon was served between the session in the parlors of the

church for twenty-five cents by the local nurses which gave the members the opportunity to come together in groups as they might desire. The rest rooms were comfortable, and every possible need of the guests was anticipated and most delightfully cared for. We hardly know how to express our appreciation of the hard work and kindly foresight of the hostesses.

Entertainment by the Chicago Nurses

Delegates who arrived in Chicago in the middle of the afternoon, hot and tired, on the going journey, were met by delegations of Chicago nurses with automobiles in which the entire company of travellers were taken on a most delightful and refreshing ride through parks, past the University, and along the Lake Shore, returning to the Chicago, Milwaukee, and St. Paul station just in time for supper before boarding the train for St. Paul. This was a delightful surprise and was most refreshing to those from the east after a rather irritating journey.

The arrangements for transporting the baggage across the city and to the train were complete. A representative of the St. Paul road met the incoming parties and took entire charge of these arrangements, even accompanying the train to Minneapolis to see that all went smoothly. This was in marked contrast to the service on the official train from the east, where promises made to the Committee of Arrangements were not kept, reservations had not been held, and the officials were far from courteous,—illustrations of what a railroad may do to serve its patrons and what it may fail to do. It is only fair to the roads having shown a willingness to take such pains as the western roads have done this year and last to remember which they are, and it is but just to resolve never again to patronize the eastern road which has now a second time failed to live up to its agreements. This comment includes no criticism of the transportation committee of the association which made every effort to have the entire journey as satisfactory as was the latter part.

THE VIEW-POINT OF A PATRIARCH

As the train drew near St. Paul, carrying several car loads of delegates, we overheard an amusing comment from one of the younger members, whose stylish hat proclaimed her to be from New York. Rushing into our car from a journey of inspection through the long train, she exclaimed: "Mrs. Hunter Robb is here, and all the old patriarchs, Miss Maxwell, Miss Davis, and——" bringing herself up with a round turn as she discovered another one of the venerable band at her elbow.

We feel sure that we express the sentiment of all the patriarchs when we say that the growth of the association as shown from year to year in these meetings, while it is far beyond any anticipations that were held at the beginning, brings with it its own reward for the efforts made by the founders of the work. One cannot fail to be impressed with the great divergence of interests and subjects which are each year developing and which must be reckoned with more and more as the years go on.

The rapidly increasing power of the west, as represented in numbers, in leadership, and in educational progress was one of the marked characteristics of the Minnesota meetings.

As in general education it is coming to be recognized that the west is furnishing the advanced thinkers and leaders, so it is more than likely that in our professional life the fresh vigor and advanced leadership are to be expected from that quarter.

The representation from the states that have recently secured state registration was one of the interesting features. Nebraska, Oklahoma, Missouri, Texas, and Washington were represented by delegates able to take their places in the presentation of papers and discussions, while the editor of the *Pacific Coast Journal*, Miss Cooke, was one of the leading lights of the convention.

A VISIT TO CRANFORD FARM

After the interest, the stress, and the strain of convention week, three days were spent in the peace and quiet of the congenial atmosphere of Cranford Farm. During the four years since we have visited Miss McIsaac, the Cranford ladies have brought nature to their assistance in establishing hospital order and precision on the farm. Such orderly trees, such well-disciplined berry bushes, such a productive asparagus bed, and such perfectly shaped and flavored strawberries we have never seen. The summer vegetables free from weeds and insects could rival in their even rows the beds of a hospital ward after the morning doing-up. As regularly as we sat down to a meal, two well-trained little blue birds sat on identically the same twigs and with proper dignity and decorum inspected the process through the window. Within doors the simple artistic setting of the house and the appetizing dishes which the literary mistress prepared demonstrate again that hospital principles are applicable to every-day life. One loses consciousness of the hard labor which has been necessary for the production of such results when in the society of the two congenial women who have lost nothing of their hold upon their profession or of general education and culture by their residence in the country.

Miss McIsaac has now in press with the Macmillan Company a book on bacteriology for nurses which has been compiled and simplified from the best authorities on the subject after very careful study and laboratory research on her part. This book will, we believe, fill a long-felt want in the training school and will be ready for the opening of the fall term of study.

THE LAST WORD FOR THE SEASON ON STATE REGISTRATION

THE Michigan and Pennsylvania bills for the state registration of nurses are to be found under their state headings in the Official Department. In both of these states the struggle has been long and the opposition so bitter that we are surprised that the results as shown by the bills are so good.

In the Pennsylvania bill many objectionable amendments were cut out by the effort of the nurses, and the bill as a whole is much better than when we last saw a copy of it. The majority of the Board of Examiners being physicians is an unsatisfactory feature, but it is to be hoped that the governor will be moved to appoint the kind of men who are in sympathy with the highest nursing ideals, and that in time the bill may be amended to meet the wishes of the nurses of the state.

During the past winter eight states have been successful in securing laws that give to nursing a legal status. These are Washington, Wyoming, Oklahoma, Nebraska, Missouri, Texas, Michigan, Pennsylvania. Two have failed, Tennessee and Massachusetts, but when success comes to these states we predict that the standards will be high. Such contests as some of the states have had have served to bind the nurses together in stronger bonds of friendship, have educated the rank and file to a clearer conception of what the movement means, and have educated the public more broadly in all matters pertaining to nursing affairs so that the time has not been lost.

It will be ten years in November since a definite plan for the state registration of nurses was first proposed. The movement has proved to be the greatest educator of the period, in which we like to feel that the JOURNAL has had a leading place.

THE RED CROSS

WE dare to believe that in the next ten years nurses all over the United States will become a part of the organization of the Red Cross, thereby becoming a working force in the great international movement for the prevention and alleviation of suffering for which the Red Cross stands.

The action taken by the Associated Alumnae to affiliate with the Red Cross marks another era in nursing history. We cannot hold back in this movement if we are the right kind of women and the right kind of nurses.

THE JOURNAL'S FUTURE MANAGEMENT

AFTER the action taken by the Associated Alumnae, to which we have already referred, for raising funds for a complete ownership of the JOURNAL, there were many questions asked us privately by nurses as to what the effect would be upon the JOURNAL when the management is taken over entirely by the Associated Alumnae. Would it change the personnel of the staff? Would it be subject to the fluctuating policy of the association as a whole? In other words, would it be as safe? To those who have had such doubts which have not been satisfactorily answered, we want to say that so far as we understand the situation the present form of incorporation of the Associated Alumnae, while it permits the investment of funds, does not give authority for the transaction of such business as is necessary for the management of the JOURNAL. Consequently, the Associated Alumnae in its general plan for reorganization would need to consider the necessity of reincorporation in such a manner as to allow it to carry on the business of conducting the magazine. That this is done satisfactorily by other national associations, such as the American Medical Association, gives assurance that it can be done by the Associated Alumnae. The plan followed by the American Medical Association and which would be adaptable to our needs is the appointment of a publication committee, whose members serve in groups of three, for three years each, the terms expiring at different times, so that there is a stable management and the business details are not trusted to the inexperienced judgment of a great mass of people. If such a committee is appointed it will be the privilege of the association to make it represent all sections of the country and to select women of experience and recognized business sagacity. This is the plan which we have been working toward from the beginning and all these years have been an education for it.

COMMERCIAL DIRECTORIES

WE have been frequently told when trying to inaugurate some needed nursing movement that we ought to wait a while, the time is not ripe for the experiment, etc. As evidence of our deliberation along some lines let us turn to the JOURNAL for December, 1903, and read of conditions of directories existing then in New York. Have we moved so far or so rapidly from these conditions in the past six years? We may

find to-day in the heart of the city on the wall of a building on a street corner this sign with the red cross above it: "Special department. Male and female nurses. Graduates and experienced nurses for private cases, hospitals, sanitariums, etc. All applicants for employment will be treated with kindness and consideration." Other signs advise patrons that within all kinds of domestic help may be obtained.

READING FOR INVALIDS

IN the April number of *New York Libraries*, a periodical which can doubtless be found in any local library, is an interesting article by Martha Thorne Wheeler on "Reading for Invalids." She refers to an article published in the JOURNAL for June, 1908, by Josephine Kulzick on the same subject, and proceeds to give a long and valuable list of books which might be selected with advantage by the nurse who finds herself at a loss to know what to read to the convalescent or chronic patient.

The list is compiled from those presented by students in the New York Library School who were given the subject to work upon. There are one hundred titles, and such short comments are given as will show the reader what sort of book she is selecting.

COMMENCEMENT NOTICES

LAST year we were obliged to cut out all the commencement notices from one number of the JOURNAL, there were so many, and they would have crowded out so much material of value. This year by much abbreviation and by omitting the names of the graduates we are able to give a few lines to each, and regret the disappointment which will be felt by those who have taken pains to send us full accounts of exercises which are of such moment to those concerned.

SUMMER HOMES FOR TIRED NURSES

WE want to call the attention of our readers in the east to the announcement among the New Hampshire items of the Martha Parsons Fund and to the communication from Miss Frederick in the letter department, both telling of summer homes for the benefit of nurses who are ill or in great need of rest. To those who have used their strength in caring for others and who have not the means to give themselves the necessary rest, such offers will come as a pleasant sort of "bread upon the waters."

THE MOSQUITO

At this season of the year when the life of all rural dwellers is made miserable by the omnipresent mosquito, it is well to consider the creature a little more carefully than we are wont, and to make ourselves familiar with its construction and its habits.

A "Guide Leaflet" on the malaria mosquito, written by Dr. B. E. Dahlgren, and published by the American Museum of Natural History in New York City, is so interesting that one almost begins to admire the insect so wonderfully formed, in each of its three stages of growth, so admirably adapted to its unfriendly mission. We are permitted, through the courtesy of Mr. George F. Sherwood, secretary of the Museum, to quote at length from this pamphlet and to reproduce two of its illustrations.

The word mosquito is the Spanish diminutive of *mosca*, a fly, and is correctly applied since mosquitoes belong to the order of two-winged insects or true flies. The great majority are tropical, but their range of distribution is nearly universal. About forty species have been described from the neighborhood of New York. Though most common in low and swampy districts, they are also found in high altitudes and even in Arctic regions.

Railway trains are said to be responsible for the distribution of the insects, and tracts which have been practically free from the pest are thought to have been invaded as the railroad lines opened up the country. One species occurring in Australia is supposed to have been "imported from Europe in the watertanks of some old sailing vessel." Mosquitoes are also carried by the wind.

Hawaii was free from the mosquito until 1846. Dr. E. S. Goodhue says: "It arrived as a stowaway—on board the good ship *Wellington*."

The number of mosquitoes in a large swarm is beyond comprehension; one in Texas is said to have been three miles wide and to have required nearly five days in passing a given point. Such migrations account for the sudden appearance of the insects in areas from which they were previously absent and their equally sudden disappearance.

As a rule they are frail insects and weak flyers. In rain or winds they hastily seek shelter. The malaria mosquito (*Anopheles*) avoids places where draughts exist, and seldom flies more than a few hundred yards. As a rule it spends its entire life in the immediate neighborhood of human dwellings.

Mosquitoes are most active at early dawn or after sunset. They seem in general to avoid strong light and to prefer dark colors. The hours of daylight are spent by most species hiding in some secluded spot in a tuft of grass or a bush, while the malaria mosquito finds some dark spot indoors where it passes the day. The yellow fever mosquito flies at almost any time of day except noon.

In autumn all the males die, while the fecundated females seek winter quarters. The house mosquito may be found hibernating in dark corners of cellars, sheds, or attics; the out-of-door species in the woods or fields. Large numbers of the insects undoubtedly perish during severe winters, but, under ordinary conditions, enough survive to furnish the first brood of the following season.

The food of mosquitoes consists ordinarily of the nectar and juices of plants and fruits. This is always true of the males, whose mouth-parts are not at all adapted for stinging. In certain species neither sex seems to have any taste for blood. Mosquitoes of sanguinary taste by no means confine themselves to human or even mammalian blood, they suck with eagerness the blood of birds and reptiles whose skin they may be able to pierce. They have frequently been observed feeding upon other insects and on caterpillars. Howard asserts that they will attack small fish when these come to the surface of the water. They require water, but may exist for months without any food whatever. On the other hand, they may feed as often as they have opportunity, though several hours are required for the digestion of a full meal.

The average length of life of female mosquitoes is not less than a month or two, but hibernating females must live at least six or even eight months. The life of the males is much shorter, and may not exceed a few days in duration. The point is difficult to determine, since in captivity death may be the result of artificial conditions. To compensate for the shortness of life of the males, they greatly outnumber the females. Since a recently hatched mosquito becomes full grown in two or three days, and may lay its first batch of eggs within a week, there may be as many as a dozen or more generations in the course of a year.

The female mosquito lays its eggs, from fifty to two hundred in number, on the surface of any convenient quiet body of water. Certain mosquitoes prefer to lay their eggs on brackish water.

The egg of *Anopheles* is boat-shaped with one end somewhat pointed, the other rounded. The egg is provided on the sides with corrugated air chambers which serve as floats.

In the process of deposition the eggs of the common mosquito unite to form raft-like masses, which are known as "egg-boats" or "floats."

The eggs of *Anopheles*, however, are deposited separately, but they may be found arranged in various patterns on the surface of the water.

The eggs of some species will survive drying for two or three months, while those of others easily perish if the mud or water of the pool in which they have been laid dries up. Ordinarily mosquito eggs are not resistant to cold and will not survive freezing.

When the eggs are ready to hatch, in about two to four days after they are laid, a small cap-like portion of the envelope bursts off at the rounded end of the egg and the larva escapes.

Mosquito larvæ are popularly known as "wigglers" or "wrigglers," because of their peculiar motions in swimming. As soon as freed from the egg the larva begins to feed. It grows rapidly, and, if the food supply is abundant and the temperature of the water is not too low, it attains its full size in a few days. Legs are absent, but both thorax and abdomen bear a great number of symmetrically placed pairs of branched feather-like hairs, arranged in a manner characteristic of the species. These hairs project laterally and aid in maintaining equilibrium, but they undoubtedly serve other purposes too, being also organs of touch and possibly of respiration.

The next to the last segment bears on its upper side the short "siphon," which reaches the surface of the water, when the larva floats in its usual position. In the siphon are the openings of the two main tracheæ, or respiratory tubes. The larva is strictly air-breathing and does not normally remain away from the surface of the water, except when disturbed, and then only for a short time. That the larva must have air in order to live makes possible its destruction by means of a film of oil spread on the surface of the water. The oil, acting mechanically, closes the openings in the respiratory siphon and causes the larvæ to die from suffocation.

The larva feeds with its head upward. The moustache-like brushes, by rapidly sweeping the under side of the surface film of the water, set up a current which carries food into the mouth. Small particles which become entangled in the brushes are combed out by stout curved hairs, three or four of which are borne on each mandible. Little discrimination seems to be exercised in the choice of food, though it consists principally of microscopic animals and plants.

The larvæ of certain mosquitoes may remain throughout the winter frozen in ice, coming to life in the spring.

When pools in which the wrigglers live dry out, the larvæ usually perish in a short time. They are most likely to be found in small and undisturbed bodies of water, such as accumulate in little hollows between

tufts of grass, in meadows, or in ditches where there is no perceptible flow. Where there is any current in the water the larvæ are easily swept away, and those that occur in moving water are always found along the edges of the stream, where they are out of reach of the current. Cat-tail swamps are said to be practically free from mosquito larvæ, probably because of the usual presence in them of small fish. Such places as neglected tin cans or broken bottles, rain barrels, cisterns, and deep wells may be swarming with larvæ. Dr. Howard mentions a case where the census of the inhabitants of a rain barrel was taken. In one month it yielded 36,369 mosquito eggs, larvæ, and pupæ.

The duration of the larval stage is usually from seven to fourteen days. During this time the various parts of the adult insect are in process of formation under the larval skin.

The pupa which escapes from the larval skin forms the next stage in the development of the insect. It too is aquatic in habit and ordinarily leads a brief and comparatively quiet life. It does not feed. When at rest, it floats at the surface of the water, breathing through a pair of funnel-like tubes. It is, however, able to execute very rapid, though jerky, movements and darts downward instantly when disturbed. If confined in a glass vessel, it may be seen on such occasions to strike the bottom repeatedly, returning to the surface of the water by its own buoyancy as soon as its movements cease. The downward swimming is accomplished by a few vigorous strokes of the strongly curved abdomen, which bears at its tip a pair of "paddles," or "flippers," and is the only freely movable part of the body. In respect to the position of its respiratory openings, the pupa differs decidedly from its predecessor, the larva, which has its siphon near the end of the abdomen. Like the larva, it is easily destroyed by anything which interferes with its free access to the air.

The duration of the pupal stage is usually from two to four days, but it may, under unfavorable conditions of temperature, be prolonged to weeks. On the other hand, the threatening danger of a drought or the presence of a disagreeable substance in the water, such as the phinotas oil used for destroying mosquitoes, may very much hasten the emergence of the fly.

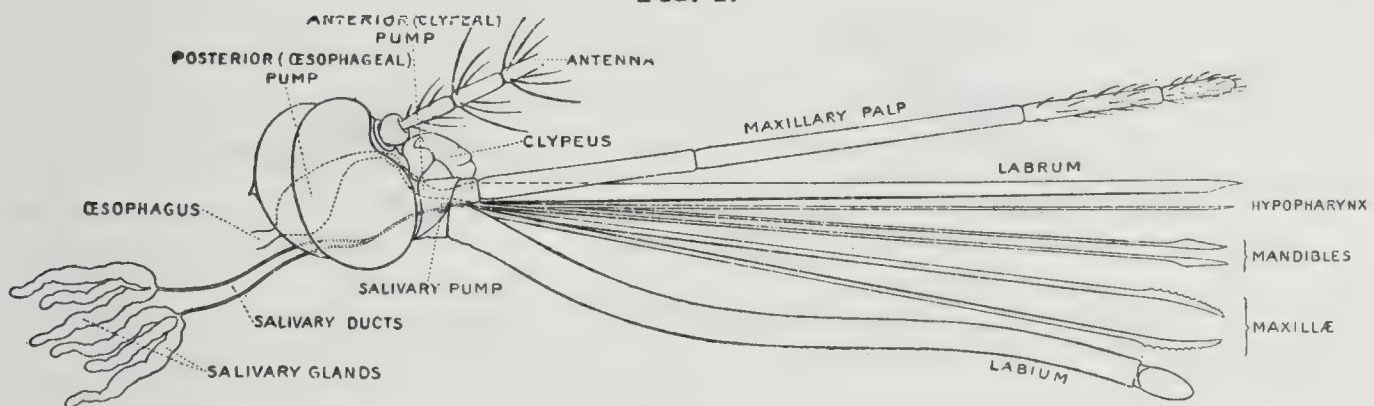
The pupa represents that period in the metamorphosis of the insect during which the internal changes which are begun in the larva which are to result in the formation of the adult mosquito are continued and completed. When the formation is complete, the pupa skin bursts along the middle of the back and the adult extricates itself from its floating case. At this critical period large numbers of mosquitoes perish, because until their legs and wings are thoroughly hardened a slight gust of

wind or a ripple of the water will upset and drown them. This makes it possible to bring about the artificial destruction of a large proportion of the insects through the simple introduction of tide-water into mosquito-ridden marshes.

The body of the mosquito, like that of all other insects, is covered with a dense, though very thin, continuous layer of a hard substance, "chitin." This not only affords protection to the body, but also gives support to the limbs and wing-veins and forms in fact an external skeleton, on the inner side of which the muscles of the insect are attached. Wherever rigidity is required, the chitinous coat is thickened, but elsewhere it remains thin to permit movement of the body segments.

Three main regions of the body may be easily distinguished, the small rounded head with its appendages, the relatively large thorax, and the elongated abdomen. The head, which is connected with the body by

FIG. 1.



means of a rather slender neck, bears the mouth-parts and special sense organs. The thorax bears the organs of locomotion, the legs, one on each segment, the wings on the middle segment, and a pair of minute balancers on the third.

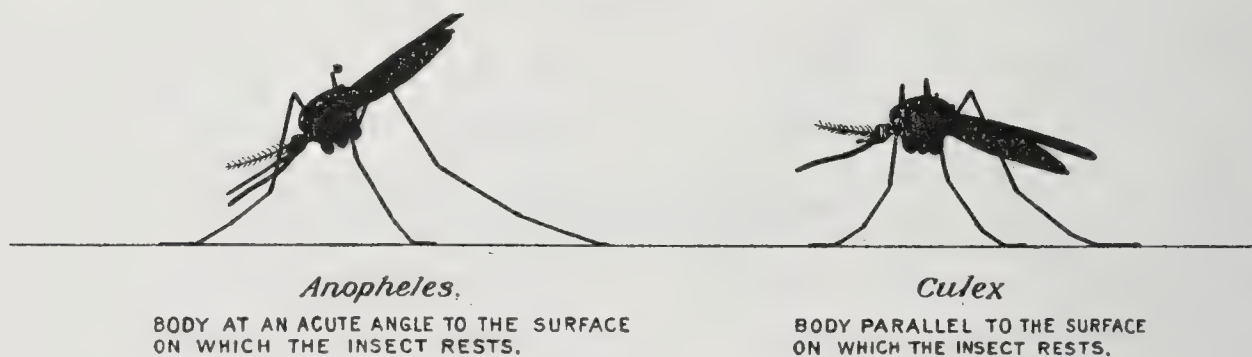
The head bears two large compound eyes, each composed of several thousand simple eyes, so that it is possible for it to see in almost every direction.

In front of the eyes are the antennæ, two slender organs each bearing a whorl of fine hairs. The antennæ are organs of hearing, and by means of them the male is able to detect the presence of the female. If the "song" of a female mosquito be imitated with a tuning fork, the antennæ of the male mosquito, which support long and exceedingly delicate whorls of hairs, that respond to every vibration of the air, may be seen to bend in the direction from which the sound proceeds.

Below the antennæ, at the very front of the head, are the mouth-parts, constituting the so-called "proboscis." This consists of several members. The principal one, lying above all the other mouth-parts,

is the "labrum," deeply grooved along its lower side. Under the labrum there is a delicate chitinous lamella, the "hypopharynx." The hypopharynx is closely applied to the labrum along its entire extent, and by closing the groove therein from below, forms therewith the tube through which the mosquito sucks up blood or other liquid food. A fine tubular channel which runs along the median line of the hypopharynx serves to conduct the poison that the mosquito pours into the wound when sucking blood. Along the sides and below the tube, composed of these two mouth-parts, there are two pairs of very slender chitinous rods, expanded at the ends into lancet-like blades set with fine teeth. One pair, the "mandibles," are exceedingly delicate; the other, the "maxillæ," are stouter and have larger teeth. These latter pairs of instruments enter the wound made by the point of the labrum, and with their saw-like blades serve to brace the head while the "sucking-tube" is thrust for-

FIG. 2.



ward. By a to-and-fro motion which alternates with that of the piercing tube, they are pushed into the tissues together with the tube, and their fine teeth undoubtedly also serve to lacerate the tissues in the wound and to produce an increased flow of blood at the point of the sucking-tube.

All these mouth-parts, viz.: the labrum, the hypopharynx, the mandibles, and the maxillæ, form a very compact bundle which, when not in action, is almost entirely contained in a groove on the upper surface of the lower lip or "labium." This is attached below the base of the other mouth-parts. It is equal to them in length, but much larger than all the others taken together, and is flexible and forms a sheath which serves for their protection. Its outer surface is beset with scales. Of the whole bundle of mouth-parts only the labium and upper surface of the labrum are ordinarily visible. At the tip of the labium, two small pointed movable flaps, or "labellæ" are hinged which protect the points of all the mosquito's delicate surgical instruments, when these are not in use. In the male the maxillæ are lacking, and the tip of the labrum is blunt and unfit for piercing.

The abdomen tapers gradually toward the tip, and the last segment

in the female mosquito bears the ovipositor by means of which the eggs are laid and, with the aid of the hind legs, arranged on the surface of the water.

The color of the mosquito can be said in general to range from light yellow to dark-brown and almost black.

When the mosquito bites, blood is pumped up into the "sucking-tube" by two pumps. The first and smaller pump lies just above the junction of the labrum with the head and forms a direct continuation with the tube. The second larger and more efficient pump lies further back in the head and is dilated by powerful muscles.

Into the blood in the body cavity of the mosquito, the malarial spores which grow in its stomach wall escape. Through the circulation of the blood the spores then find their way into the salivary or poison glands.

These glands, which supply the irritating poison of the mosquito bite, lie just beyond the neck. The poison from each gland is carried into the head by a fine tube, the salivary duct. In the head the ducts join and the common duct empties into the salivary pump. This in connection with its continuation in the hypopharynx forms a practical syringe by which the poisonous saliva is forced out during the act of feeding. It is by this means that malarial spores are injected into the human circulation.

Malaria was formerly considered to be a form of ague due to foul air, whence its name, which literally means "bad air." It was attributed to a sort of "miasma." Its true nature did not become known till 1880, when Laveran, a French military surgeon working at the time in Algeria, discovered the malarial parasite in human blood. Some years later Professor Manson, of England, directed the attention of Major Ross, of the Indian Service, to the mosquito as a possible carrier of malarial infection. It had at this time just been discovered that yellow fever was spread by mosquitoes, and Manson had previously, in 1879, found a *Culex* mosquito carrying the parasite of filarial disease. That the insect might play such a direct and extraordinary rôle as it does in the transmission of malaria, was, however, not suspected even by Manson. In 1897 Ross discovered the presence of the malarial organism in a mosquito of the genus *Anopheles*, and a little later, through the efforts, chiefly, of Ross and the Italian, Grassi, the remarkable life history of the parasite became known.

As a result of the laborious researches of these scientists, we now know that malaria is not communicated except by the malaria mosquito, that this is a member of the genus *Anopheles*, and that consequently malaria does not exist in any locality in the absence of mosquitoes of this genus.

That other mosquitoes are likely to imbibe malarial blood is probable but in all others the human malarial parasites or the spores seem to perish in the insect.

When a malaria-infected mosquito bites, the poison which is injected into the wound carries into the human circulation some malarial spores, minute needle-like bodies. Each spore enters a red blood-corpuscle, loses its form, and becomes a rounded amœboid parasite. The corpuscle becomes enlarged and is soon nearly filled by the growing parasite. At the same time the nucleus divides till there are sixteen daughter nuclei.

By the time this nuclear division is complete, almost the entire original contents of the red corpuscle have disappeared, little remaining of it but the thin cell membrane filled with the enlarged parasitic mass. At last the wall of the corpuscle bursts, and the parasite is liberated. Its protoplasm has by this time divided into as many parts as there are nuclei, and each resulting part forms a new spore, which in its turn enters a red blood-corpuscle. The same process of growth at the expense of the blood-cells is then repeated, and new spores are formed by division, accompanied by the destruction of an ever-increasing number of red blood-cells. This process may go on for a considerable period till the blood is filled with billions of the organisms. In time, certain of the spores, after entering fresh corpuscles, do not divide, but develop into forms of the parasite which, if taken up by a malaria mosquito, will reproduce sexually in the insect.

The intervals which separate the paroxysms in malaria correspond in length to the duration of the process of spore formation in the blood-cells, the chills marking the liberation of the spores.

With the extermination of the mosquito of a malarial neighborhood the disease will, in time, disappear. Quinine, obtained from various species of trees of the genus *Cinchona*, growing at high altitudes particularly on the Andes and brought into use in Europe in the year 1640 by the Countess Chinchon, vice-queen of Peru, who had been cured of malaria by its use, is the only known specific against malaria. It will, if properly administered, destroy the parasites of tertian and quartan fever in a comparatively short time. The parasite of tropical fever, however, is only slightly affected by quinine after the parasite has begun to multiply in the blood, though the drug is useful as a preventive.

The malaria mosquito seldom rises even to the second story of a house, and it is a well known fact that persons whose sleeping quarters are high above the ground are seldom attacked by the disease. Since the mosquito is a poor flyer and does not readily rise high above the ground, and since it avoids an abundance of light, its absence from the upper

stories of a building is easily understood. In general, high altitudes insure a freedom from the malaria mosquito and from malaria.

The rôle which mosquitoes play in the dissemination of yellow fever was discovered in 1881 by Dr. Finlay, of Havana, and communicated by him in papers on the "Natural History of Yellow Fever." A suspicion that some insects were concerned in the spreading of the disease had been expressed as early as 1848 by Nott, a physician of Mobile, Alabama. Not much credence, however, was given to Finlay's discovery till it had been firmly established that malaria was transmitted by mosquitoes; and the real experimental proof of transmission by the mosquito was furnished by a commission of United States Army surgeons which was sent to Cuba by former Surgeon-General Sternberg for the purpose of carrying on investigations. The findings of the commission, which was in charge of Major Reed, U. S. A., positively demonstrated that yellow fever was communicated by the bite of a "yellow fever mosquito" (*Stegomyia*) which must previously have fed on the blood of a yellow fever patient; that the fever could not possibly spread without the presence of a mosquito, and that simple contact with a yellow fever patient was not dangerous.

The organism which causes the yellow fever has not, up to the present time, been found; but it is in every way probable that it will prove to be a blood parasite. The period of incubation in man, *i.e.*, the period which must elapse between the bite of the infected mosquito and the beginning of the sickness, varies from forty-one hours to not more than six days. The period of its development in the mosquito was found by the commission to be twelve days or more. This fact is of very great importance in relation to quarantine measures, and makes it entirely possible to prevent the introduction of yellow fever into any port where it does not exist.

The yellow fever mosquito is known as a "day mosquito." The back of the thorax is marked by silvery stripes, the dark-brown or black sides of both thorax and abdomen are ornamented with conspicuous white spots, and each segment of the abdomen bears a white cross-stripe. The knee-spots of the black legs are white, and the tarsal joints are banded with white. These markings make the mosquito quite easy to recognize.

This knowledge of disease-producing parasites and of the insects that transmit them furnishes a scientific basis for such quarantine and preventive measures as are being carried out by our government at Panama, and to some extent by other nations in other places. Such campaigns of extermination as are now being carried on would in the past have seemed not only extravagant but insane.

To cope with the problem of extermination, efforts must be directed toward the extermination of the insects in the larval and pupal stages. Mosquitoes have some natural enemies. Night-prowling birds eat the mature insect; while the larvæ form the food of some shore birds, insects, and fish.

The use of crude petroleum spread as a thin film on the surface of a body of water has long been known to kill the larvæ and pupæ, but it is applicable only to small bodies of water, and it is not lasting in its effect. Poisoning of the water must naturally be restricted in its application, but it is effective, and of the agents tried, "phinotas oil," which is highly diffusible, is found to give much the best results. Cisterns, rain barrels, and other receptacles in which mosquitoes are apt to breed in large numbers and in which poisoning of the water is not permissible, should be kept covered, while other mosquito-breeding collections of water in which fish cannot be used should be treated by drainage or filling.

THE NORTHERN-MOST FLOATING HOSPITAL

By FELIX J. KOCH

THE question would have been a stumper to us, surely. "Where is the floating hospital that plies farthest north on the Atlantic sea-board?" We investigated and found that as few knew as we did.

We recalled a floating hospital off Winthrop, in Massachusetts Bay, one summer. We did not recall any at Halifax or up the Canadian coast, at least that we had run into. Finally when we came to Newfoundland and embarked for the Labrador we discovered it.

There is but one boat that plies as far as Nain on the Labrador coast and that a filthy sealing steamer known as the *Virginia Lake*. Twice a year this runs as far as Nain, the northern-most limit of regular navigation of the Atlantic. Twice a year it goes to Davis Inlet, not quite so far, and fortnightly it plies to other more southerly ports.

Up on the coast of Labrador there live, in the summer, from twenty to thirty thousand fishermen,—these and the schooner girls who "keep house" for them. For these folk there is no doctor save only when Dr. Grenfell of *Deep Sea Mission* fame happens to drop into the fiord with his hospital ship. The government, however, has come, in a way, to the relief by providing that aboard the *Lake*, which is the mailboat, there is stationed a doctor who dispenses both services and drugs free, to the fishermen.



THE GREAT INDUSTRY.



THE "VIRGINIA LAKE."



DR. GRENFELL'S HOSPITAL AT BATTLE HARBOR.

At every stop of the boat therefore the fishers come out in their dories, surging around the *Lake*, clambering up the companion stairs and disappearing below to meet the Doctor.

What he prescribes, and how, belongs rather to a physician's paper; but when, as often happens, he is summoned ashore, and he finds a patient too sick to be left without care for the fortnight it will take before he returns, he has him brought aboard the *Lake*, where the postmaster, who is a government Receiving Officer, issues government transportation for him to the mission hospitals at Battle or Indian Harbors. And, meantime, he is kept in the little floating hospital here on the ship.

Just a couple of cots in a little cabin, and a port-hole looking out on the sea, where the icebergs lie in numbers. *That* is the hospital. And the nurse—he, too, is a character. Peddle,—Nicholas Peddle, is his name,—a little old man with a gray beard that comes around on the side to the level of the ear lobes. He wears a cap, and is always smoking a pipe, with an old tin beer stopper for cover.

Peddle is a man with a story, and a sad one. A skipper once, his daughter and a servant were washed overboard and drowned on this same cruel Labrador coast. Peddle, moreover, is the bard of the Labrador and his songs are sung in every home in Newfoundland. When there are none on the sick list he paces the deck and jostles the passengers. He is a good story-teller, and spins many a sailor's yarn.

As a nurse I am told he is good. Certainly good-hearted and careful—as care goes on the far Labrador seas.

And of what do they suffer,—these patients? Far and away, by the great majority, the trouble is *tuberculosis*. Up on the Labrador, to-day, a veritable war is being waged against the great white plague. It seems almost to upset all the teachings of these latter days,—the cry of fresh air, sea air, sunlight,—to find that the fishermen, who are in the open from the rising of the sun to the setting thereof, save only when storms will not permit, should suffer from the scourge. The explanation, however, is not far to be sought. When the fisherman has raised his great trap, and brought to shore some four or five hundred cod, these are cleaned in little so-called tilts or curing houses. Often a day or two, and even longer, is required for this work, and then the fisherman makes himself a prisoner inside this tilt. The building rests, usually, on piles out over the water from the shore. The floor is a mere wattling of such little tree-trunks as these bleak coasts afford. Down below are thrown the heads, the entrails of the fish, and as the tide does not always wash these away, they decay and their odor rises up through the wattling. Then the walls, likewise, are of the wicker work of branches; so, too, is the

roof. Upon this latter, and against the walls, earth is set much as in the turf houses of Ireland. The door at one end is a staunch one, and, that the cold night wind may not get in, it is closed tightly. A great fire is maintained inside the tilt, and by and by the air within grows stifling. Here the men, the women, and often children work, eat, drink, and sleep.

Sometimes conditions are even worse. An upturned boat, no longer sea-worthy, will act as a house, and under this they live and perform their duties. Air, ventilation, there is none. Sunshine, obviously still less. The out-door life of the daytime hours is counteracted by the time spent here.

What is more, there is the most absolute disregard of the first laws of sanitation. Men will not hesitate to expectorate directly on the dried fish, allowing the *sputum* to evaporate, not only to the detriment of their non-afflicted fellows at work here, but of those who, eventually, will consume the fish. On being called to task for this, like a naughty child, the fisherman will use his own cap to wipe it up, and then set this on his head unconcerned. Consumptives wed consumptives, have children by them, and so the dread scourge goes on.

Again and again on the *Lake* one sees sad sights. One evening, for example, a *punt* put out to beg us to put off from our regular course, and divert into Occasional Harbor, whose name shows how little visited it is. A man was dying aboard one of the fishing smacks tied up here, wouldn't the doctor try, as he could, to at least alleviate his pains?

The Captain swore roundly, for every moment of time is precious to his masters, the wealthy ship's owners, who are, however, not known ever to have given a cent to a charity in all Newfoundland, withal that all their vast fortune has been drawn practically from the island.

Nevertheless the law is plain, and on the doctor's insistence he had to enter the harbor. Nearing the inlet where the vessel lay, we sounded our whistle as warning that we were coming. Then there came the echo, and we wondered if the dying man, waiting these two weeks, doubtless, for medical aid, had heard.

Nearer, and nearer, and nearer!

We could see a woman hurrying over the rocks, on first sight of us, perhaps to announce our approach ere we'd sounded the siren.

When the doctor went ashore and again onto that schooner, it was with all things that might be needed for the end.

The man, however, was not yet dead, though he was too sick to be taken aboard; so the doctor must leave specific instructions,—what to do, hour by hour, as the end approached; what on the other hand, to do, to give, and not to do, should he rally and turn for the better.

It would be a week at least before we, returning, would lie off this inlet again. Such is just one case at the hospital.

Again and again we will be halted by a white flag, and a fisher-punt comes out, the cod-takers bearing some comrade, his arm wrapped round about where a hook has sunk deep into it, or some of the painful bruises and boils caused by perpetual handling of the oars occurs. Then the ship halts while the doctor completes the bandaging, and the captain and the purser swear at the fishermen on the deck.

Now and then, an Indian half-breed or an Eskimo comes aboard. Interesting studies they make,—these people of the wildwood.

Or again one of the Moravian missionaries from up as far to the north as regular vessels ply will stand in need of treatment. Then is Mr. Peddle, the nurse, very busy.

And when they are well and off again, and the ship is on the seas, he entertains the passengers with his *Whale Song*, or his *Rolling Home to Terra Nuova*, the national anthem of Newfoundland.

THE NURSE AND THE TUBERCULOUS PATIENT *

BY STELLA FEWSMITH, R.N.

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AND

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It has been truly said, "It is no sin not to know, but it is a sin not to learn." Nothing is so perilous to progress as the wilful ignorance resulting from scanty knowledge, because fear is always allied with this condition, and the combination thus established is disastrous in the extreme to advancement along any line. The great need of to-day is knowledge, which is the birthright of every human being. Not that destructive information which only whets the idle curiosity of the people, but that which creates a legitimate desire to know for the sake of putting the acquired knowledge to a practical use in the daily life, thereby throwing out an influence which always permeates society for the good of its individual members.

* Read at the International Congress on Tuberculosis, Washington, D. C.

No one will question the fact that the training school of to-day has a far-reaching opportunity to become a potent factor in diminishing the spread of tuberculosis. The teachers have it within their power to instil in the minds of the pupil nurses such a practical knowledge of cause and effect as shall tend for the same wise treatment of this great scourge that is given to other diseases of a germ origin. The graduate nurse should have no greater dread of a case of pulmonary tuberculosis than she does of a septic surgical case, and to hear a trained nurse say that she would never nurse a patient having tuberculosis, because she is afraid of contracting the disease, shows one of two things: either her school failed to do its teaching duty, or she was too stupid to become an intelligent nurse.

If absence of worry, proper rest, wholesome food, and fresh air are the principal aids in battling against tuberculosis, then the nurse who maintains these conditions carries her armor with her, and is in position to do justice to herself and perform intelligent service for her patient. To emphasize what has already been said concerning the necessity for knowledge, let two facts be presented for your consideration and application. First, if the only fresh air to be had is damp air, it should not be shut out of buildings as if it were unfit to be breathed into the lungs; second, the same person who would never even think of drinking stagnant water may, and often does, make a practice of breathing stagnant air.

The consensus of medical opinion is that "incipient tuberculosis tends to recovery; that advanced tuberculosis may sometimes partially be arrested in its progress and life prolonged for a number of years; that far advanced tuberculosis, with or without mixed infection, tends to a fatal issue, and that the successful treatment and the prevention of the spread of the disease demand the earliest possible diagnosis." There are four requisites in the successful care of all tuberculous patients: a wholesome mental condition, which cannot be obtained if the patient is worried with the cares of getting his daily bread, nourishment to meet the individual needs, the maximum amount of fresh air, and systematic rest.

A climate that has the least amount of precipitation combined with enough elevation to insure a bracing atmosphere during the year is very desirable for patients in the first stages of pulmonary tuberculosis, and removal to such a climate often stimulates the patient's appetite and relieves disorders of the gastro-intestinal tract. Extreme exhaustion caused by prolonged intense heat is avoided; also complications such as pleurisy, which is frequently brought on by extreme cold and prolonged dampness, and profuse night-sweats, are often entirely relieved. The

practice of sending all patients, regardless of the extension of the ravages of the disease, on a long exhausting journey, and with perhaps no surety of proper accommodations, at least immediately on their arrival, cannot be too strongly condemned. Those patients who have extensive lung involvement, run high temperatures, and are greatly emaciated should be kept and cared for in or near their own homes.

Fresh and uncontaminated air in abundance is very essential to the improvement of a tuberculous patient, since the solid portions of the lungs have extra work thrown upon them. A porch to remain on the greater portion of the day and to be used at night for sleeping purposes is a necessity, and it will add to the comfort and progress of the patient if the exposure is such as to give the maximum amount of sunshine in the winter with the minimum amount in the summer, as is obtained in this country by facing the south. If the occupant of the porch be a bed patient, screens add greatly to his comfort in the summer time. Mosquito netting drawn tightly over the bed proves a very good substitute. At all times of the year canvas curtains or sliding glass windows are needed for protection against winds and storms. Except in cold weather, the direct rays of the sun are too powerful in Colorado for a sick person to remain in for any length of time. Certain cases are benefited by exposing the bare chest to the sun from three upwards to ten minutes, but this should only be done according to the direction of the physician. Large assemblages should be avoided on account of the contaminated air which the patient is forced to breathe and the excitement caused by the nervous strain which attendance produces.

The best food is demanded, and three meals during the day, with liquid nourishment given once between meals, seems to give better results than more frequent feeding. Forced feeding is not so favored now as formerly, because the fight against the disease is long, and no patient can stand an abnormal quantity of food for any length of time. The method of giving a reasonable amount of nourishment, such as the stomach will tolerate for months, seems to give the most beneficial results. Rare meats, especially beef, eggs, butter, cream, and milk are the important items in the diet, and they should be eaten three times a day, if possible, besides three ounces of beef juice taken twice daily. Eggs are very important and may be taken raw or cooked in any way except hard boiled or fried. If the patient eats three fairly good sized meals, a raw egg being taken whole with a little salt or cream on it directly after the meal and liquid nourishment such as beef juice, egg nog, or milk twice or three times during the day, he is getting sufficient nourishment. In the event of the patient having a poor appetite for his regular meals, two eggs

should be given three times each day and enough liquid nourishment added to make up for the lack of solid food. A pint of milk containing as much cream as will be digested should be taken with each meal until the normal weight is regained, when the quantity may be diminished. Fruits and vegetables that contain much acid should be used with discretion since the system of a tuberculous patient gives a decided acid reaction. Cooked fruits are preferable to uncooked, since the latter have a tendency to cause intestinal disorders. Coffee, tea, and all stimulating drinks should be used moderately. A patient may thrive on a diet which does not include meat, though such a diet is more bulky and, if the digestion is poor, may tax the patient's system greatly. The meat-free diet may appeal to patients of limited means, since it can be purchased at less cost. However, to be palatable, it is necessary to prepare a vegetable diet in a careful and appetizing way.

It is essential that the organs be kept acting as near the normal as possible. Cathartics, at least occasionally, are necessary, especially cholagogues and hepatic stimulants. Free drinking of water helps greatly in ridding the system of poisons. A glass or two of warm water before breakfast helps to dissolve and carry off the mucus that has collected in the stomach during the night.

A tub bath, if the patient is able, otherwise a sponge bath twice a week, with a light alcohol rub every evening, keeps the skin in good condition. A cold sponge over the chest in the morning stimulates the respiratory organs. Shower baths are also very beneficial for those who are strong enough to take them. When expectoration diminishes in quantity and the patient complains of a tightening in the chest, the temperature will rise because absorption has taken place from the retained sputum. Generally some emollient preparation applied freely will in a few hours increase the amount of the expectoration and thereby reduce the temperature. Occasionally expectorants are necessary. Slight sweating now and then is not harmful; on the contrary, it may be helpful in ridding the system of poisons. Profuse and frequent sweating is weakening, and a rub with strong alcohol or a sponge with vinegar will often greatly relieve this condition.

Complete rest and freedom from all responsibility are essential to a patient suffering from pulmonary tuberculosis. After the patient is completely rested and the routine is likely to become monotonous, some light and suitable recreation may be planned. It is impossible to give any set rules for rest and recreation, since each patient is affected differently. A short walk may cause one patient's temperature to rise, whereas it may have the opposite effect upon another. Only general rules

can be given and they should be applied with discretion. For patients running a normal temperature, rest in a recumbent posture one hour before and after each meal may be ample. Reading, a walk of gradually increasing length twice daily, short drives, quiet games, and light work, such as may be carried on in the open air and not require much physical exertion, are all permissible if the patient does not get too tired. In some cases a course of study wisely carried on may be taken without harm. If the patient runs a slight evening temperature, continuous rest is advisable with, possibly, a short walk in the morning, and reading at short intervals during the day. If the patient has a temperature most of the day, continuous rest in bed is necessary and very little company is advisable. If the temperature is 102° or over, a tepid sponge or light alcohol rub is cooling and helps to relieve the nervousness which generally accompanies the fever. It is essential that the patient's feet be kept comfortably warm, cold feet being characteristic of the disease. Emaciated patients often find comfort in an oil rub following the alcohol rub. The rubbing is soothing and creates a good mental impression, causing the patient to think he is increasing in weight, which is a favorable symptom. It is well to discourage patients from discussing their symptoms either among themselves or with relatives or friends. It has a depressing effect, whereas they should be kept cheerful and interested in things apart from themselves. In case of hemorrhage, even though slight, the patient should be kept quiet and the orders of the attending physician strictly adhered to. If profuse, and the physician cannot be gotten immediately, put the patient to bed, apply an ice bag to the chest, and give morphine, gr. $\frac{1}{16}$ to $\frac{1}{4}$ hypodermically. Stop all nourishment and give only enough water or chipped ice to keep the mouth moist.

The patient and those caring for him should be extremely careful that he does not infect himself and those living with him. Since the sputum contains the germs of pulmonary tuberculosis, too great care cannot be taken in handling and disposing of it. There are very few perfectly reliable methods of destroying the sputum of tuberculosis. Incineration is probably the most commonly practiced and the most effective. A 4 per cent. solution of sodium bicarbonate, which raises the boiling point to 102° Centigrade and prevents the coagulation of albumin, is efficient. It has been stated that a 2 per cent. solution of chloride of lime is a practical method. If possible, use metal cups, the impervious paper holder of which can be burned and the metal cup itself boiled, or the impervious paper pocket cups which may be burned after using a few times. Cuspidors and metal boxes require some disinfectant in them,

such as a 10 per cent. carbolic acid solution, and should be cleansed with hot soapsuds and disinfected with pure carbolic acid. Soiled cloths should be disposed of by burning. The patient should hold his handkerchief over his mouth when coughing, to prevent particles of sputum from flying beyond the cup. If a visible amount of sputum does escape it should be removed with a cloth, which should be immediately burned, and the area upon which it fell sponged with a 10 per cent. solution of carbolic acid, letting some of this stand on the spot, if possible, for some time. Male patients should be urged to keep the face shaven.

The most suitable rooms for patients have plain walls with a hard finish that may be washed down every few months; also all ordinarily sharp angles should be rounded. The floors should be hard finished, and the rugs washable. Many pictures on the wall are not advisable, because dust may collect. All brushing and dusting should be done with moistened articles. The room and clothes of a patient should be fumigated occasionally. Upon the patient's departure, the rooms he occupied require thorough cleaning and fumigating. There are several methods of reliable fumigation, permanganate of potash and formaldehyde being the substances in most common use for this purpose.

In conclusion, let it be said that the tubercular work organized and carried on by the nursing staffs of a number of hospitals shows that these institutions have begun to realize their debt, not alone to the public at large but to the nurses under their especial training. It now remains for the individual trained nurse to perform her duty to the rank and file of the nursing profession by spreading the knowledge of prevention and cure through the channels of her *alumnæ*, local, and state societies.

THREE CASES

By LEONTINE CREMERIEUX

Graduate of the Medico-Chirurgical Hospital, Philadelphia

I

A MAIDEN lady, seventy-two years old, alone in a five-room house which had been left to her for life by people whom she had served as housekeeper, was sick with pneumonia, which followed an attack of grippe. A sister, sixty years old, had cared for her until she, too, was stricken by grippe. She was fortunate in having a daughter in good circumstances with whom she lived.

I found the patient on a cot in the middle room of the first floor. The kitchen, just off this room, was in a most filthy condition, filled

with pans and dishes which had not been washed since her illness. Everything was in the most uncared-for state. In this room were a cot, rocking-chair, stove, and a very much soiled rag carpet.

When I arrived I found the dear old lady in a most pitiful condition, soiled and wet up into her hair. One of the neighbors had sat with her during the night. When you hear the expression "sat with her," it is well applied in a case such as this; the large majority of neighborly nursing is usually of this character. After working for twenty-four hours the condition of patient and surroundings was somewhat improved. There was nothing to eat in the house. The first day I asked a boy to buy some food and paid for it myself; the next day, another sister of whom I had learned and to whom I sent word concerning conditions, called. I embraced the opportunity to dine out while she was there. In the evening one of the daughters brought me a dainty lunch in a basket, but she did not enter the house nor ask after her aunt. After this my dinner was brought to me regularly and through the sister I was able to order nourishment and medicine for the patient. From the day I arrived, the patient and I were alone. During the nights I was very busy between the patient and stove. It was during the cold, windy and snowy nights of February; the only noises were the stertorous breathing of the patient, and the winds, and rats gnawing in the kitchen. Can you imagine my reflections?

The third night the patient was very ill. About 4 A.M. she began to change. After much hammering on the wall, the neighbor answered and I sent for the doctor. He arrived about 7 A.M. After the customary palpation and a few directions he left the house, saying if necessary to send for him. This was his first visit since I had taken charge of the patient. He had visited the patient a few hours before I came and left orders and word to send for him if he were needed. The first two days she reacted fairly well under the treatment. During the day I sent for both sisters; one was still ill, the husband of the other called saying his wife would come later. They, in turn, passed part of the following night. The poor old lady passed away about 6 A.M., no doubt happier in her future world.

This case was one which made you feel that a single life of independence was not worth while, compared to the dependence of a wife with the companionship of her children.

II

In a borough of about three hundred inhabitants on the Juniata, a young man twenty-five years old, father of a little girl five years old, was ill. He was the tinsmith, roofer, and hardware store proprietor,

in fact had control of all the above trade for miles around his home. This, however, did not bring him more than a living, as the services of the nurse had to be paid by the borough. This patient was in his third week of typhoid fever, very delirious; some one had to watch him continually, at times two had to hold him in bed.

His mother and wife had nursed him and were now completely exhausted. He was in a middle room, first floor; the only light was through a window in a door. The second day I had him moved to the front room where there was plenty of light and sunshine. The bed was one of those old-fashioned kind, the mattress held in place by the interlacing of heavy cords from side to side. The mattress was of husk, which had to be shaken very often, otherwise your patient would be lying on the cords. However, these mattresses are certainly the most sanitary, after becoming accustomed to them, as they are shaken every day and aired, and every year the husks are renewed.

The mother and wife feared the patient, so this necessitated my being there continually. After the second night I left the room to sleep for a few hours. The only place available was up in the loft. I had taken off my clothes and had been resting for about one-half hour, when I heard the most distressed calling for me to come. The patient had walked through the room out to the yard and his relatives had no idea how to control him. Not a neighbor would assist, as they all considered typhoid very contagious. They would stand in the middle of the road and shout when asking after him. His little daughter was not permitted to leave the house and his business was suspended.

I had not had my clothes off since the second day and had worked with him constantly, expecting every day to see a change either for the better or some relief in some way. On the sixth day after my arrival he had been given stimulants and all nourishment required in such a case, the doctor made his second visit about 4 P.M., then ordered nitro-glycerine hypodermatically every two hours. About 1 A.M. the patient was resting quietly, his pulse was good, the mother and wife had gone to bed. I sat in a chair and fell asleep for some time, then was awakened by the patient saying: "Nurse, what is that rattling in my throat?" This was the first rational question he had asked since I took the case. At first I thought it was mucus, and swabbed his throat and felt his pulse, which was very irregular, then gave him a hypodermic of strychnine and called his people, sending the wife for the doctor who had been called out in the country five miles away and did not return until 7 A.M. As the patient's wife entered the door he passed away in his mother's arms, saying he was dying.

Although this death has greatly impressed me, I have always felt justified in the one-half hour's sleep, as I was at such a stage of exhaustion that at a moment of quietness sleep overtook me. At other times I had resorted to all a nurse's methods of keeping awake. In this home the food which I had was principally preserves, which stood on the table from one meal to the next without covering, and scrapple. Oh, yes! golden-rod tea, which was made from the flowers. With all, their intentions were of the kindest.

III

In a town of about 45,000 a young man, nineteen years old, had a light case of typhoid fever. The father was a cobbler, and this boy was his only son. He called one evening and asked me to take care of his boy, at the same time asking the charges. I gave him the charges of a graduate nurse. He left, saying it was impossible for him to pay that price. The next morning he returned and explained his circumstances, saying he could not pay more than twelve dollars a week. In justice to myself I told him I could not take the responsibility at those terms, then I told him I would go for fifteen dollars. He seemed so despondent when I refused to go, that I had inquired and was informed that they were in comfortable circumstances. It was his son's last year in the high school. He left the house again, returning the following morning, asking me to come to his son, saying he would try to give me fifteen dollars a week. When I arrived, about noon, his temperature was $102\frac{3}{5}^{\circ}$, and the doctor had ordered sponges every three hours when the temperature was over 101° . He was sponged every three hours for the next three days. He would rather have slept. He had no alarming symptoms. No attempt was made by the parents to give me rest, and I was compelled to sit up in a chair, dressed. The fourth day I asked for a cot. The mother exclaimed: "Oh; do you think you ought to sleep?" "Why certainly, there is no reason why I should not lie down and sleep when the boy sleeps, or will you take part of the night or the day. I must have some rest." She looked as though it were unreasonable that I should need the rest, and said: "Why I thought you nurses were trained not to sleep." I answered: "Nurses are all like you women and can endure just a certain amount." "Well, can't you throw yourself across his bed?" I answered that for many reasons I must object to that, so finally the only available article was brought—an ironing board—on which I could stretch myself. This was my bed for three nights, when I again asked for a cot. After much persuasion and through the kindness of the district nurse I was able to stretch out my

body which I had not been able to do for six nights. At night the mother would slip into the room when she did not hear a noise. One evening, after sleeping, I awakened to find her face within two inches of mine, evidently listening to see how soundly I slept. The fever took its course and at the end of ~~three~~ weeks the boy was beginning to take soft diet. At this stage I most urgently asked my release.

HOUSEHOLD HYGIENE

By ISABEL McISAAC

(Continued from page 661)

IV

LIGHTING THE HOUSE

WE all know or should know that sunlight is germicidal in its effects; that few if any bacteria can survive exposure for any length of time to the direct rays of the sun; consequently we have in sunlight the strongest protector of our health. The rays not only protect us from the ravages of disease-producing bacteria, but in many ways which are still imperfectly understood give us strength and vigor, and above all resistance to disease in all forms. It is therefore important for us to utilize the light in our practical every-day life, for next to fresh air the lighting of the house comes in importance.

The natural lighting of the house is of course governed by its situation and surroundings and the arrangement of its windows. We have spoken before of the desirability of a house standing with its four corners to the points of the compass in order that the sunlight may enter all sides at some time during the day. Living and bedrooms should have the first choice of the south and east exposures, as the family uses these rooms more than any others. Halls, stairways, bathrooms, and the dining-room can better occupy the north and west sides than rooms which are more occupied.

The writer has in mind a nurses' home belonging to a certain training school, where the light has been utilized in a very satisfactory way, which might have been particularly bad and unwholesome had not the architect displayed intelligence and foresight.

The building stands in the middle of a city block, facing west, with a hundred foot front. It is four stories high and has a long ell or wing in the back fifty feet wide, which runs back to an alley on the east;

this arrangement gives a twenty-five foot court on both the north and south sides of the wing. The architect put both front and back stairways, the elevator, lavatories, linen room, and nurses' lecture room on the north side, which allows about six extra bedrooms on each floor to the south side, in fact the building which houses over two hundred persons has only one-third of the sleeping rooms facing the north.

In this school nurses are never allowed to occupy a north sleeping room for more than six months.

It is the daily supply of sunshine which counts, particularly in living and bedrooms; but often the sunshine is there and the windows favorable, but we drape the windows with curtains or cover them with wide porches, or allow the large trees to keep the building in shade, or are possessed of a mortal dread of fading carpets and rugs. In the large cities where building space is necessarily confined, this dwelling in obscurity may be unavoidable but not so in the country.

In many pretentious houses one may see at the windows, (1) lace shades, (2) opaque shades, (3) long lace curtains, (4) long silk or woollen hangings; the possibilities of such an arrangement are indescribable, but no doubt a scourge of tuberculosis in such a household would be attributed to the inscrutable ways of Providence, instead of being described as a direct invitation to phthisis, anæmia, nervous depression, etc.

Following all contagious diseases the exposure of furniture, clothing, and the rooms themselves to the direct rays of the sun is a far better means of disinfection than simply wiping off surfaces and other half-way measures of disinfection.

It is not to be expected that the ordinary housewife can understand infection and disinfection as nurses do; the latter are always much surprised upon taking up housekeeping to find that their knowledge of bacteriology and hygiene is of practical use to them everyday, prompting them to throw open windows and doors and utilize the sun and air for the prevention of disease, rather than to employ their nursing skill for the cure of their households.

In the artificial lighting of buildings electricity stands far ahead of any other means; the effects of electric light are the same as sunlight to a much less degree; it does not add to the impurities of the atmosphere; there is almost no danger of fire, and the light is bright, clear, and steady.

The placing of lights of whatever kind should have careful consideration, avoiding direct lights into the eyes. The lights, therefore, are preferably high, all droplights or standing lamps being shaded by opaque shades.

Let the light be abundant for reading. Nothing can be worse for the eyes or spirits than a dim, flickering, dingy light.

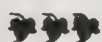
A house lighted by gas should be carefully watched for leaking gas pipes. Carbon monoxide, the deadly element of illuminating gas, usually gives warning to the observant by its odor, but we may easily become accustomed to any odor, which to a newcomer may seem very strong, if we allow ourselves to become used to foul air. Carbon monoxide in small quantities as a constituent of the daily supply of air is a slow poison; in large quantities it is a violent poison, besides being extremely dangerous as an explosive in the presence of fire.

Both gas and oil lamps add greatly to the impurities of the atmosphere by combustion. Lamps to give a satisfactory light require, (1) good burners which must be frequently renewed, (2) the best grade of oil, and (3) they must be kept clean. Poor oil is very poor economy, giving a poor light, constantly clogging the wicks and burners, and smoking the chimneys.

Nearly all housekeepers have a few pet economies and light is one of the commonest. A year or a few years of poor lights badly placed will produce bills from the oculist and optician which would pay thrice over for clear, bright, cheerful lights for many years.

MENSTRUATION.—The *New York Medical Journal*, in an abstract from the *British Medical Journal*, says: Bell and Hick, as a result of their studies of the physiology of the female genital organs, have reached the following conclusions regarding menstruation: (1) Menstruation is a periodical function only in so far as the calcium metabolism is in harmony with this periodicity, and the function is dependent upon the calcium metabolism in all its ramifications. (2) The hemorrhage into the Graafian follicle may be coincidental, and is probably the result of the lowered coagulability of the blood, or vasomotor changes; but rupture of the follicle is in no way responsible for menstruation. (3) The bleeding from the uterus, while due to the lowered coagulability of the blood in part, is also dependent on the local changes in the capillaries from which the diapedesis of leucocytes and corpuscles occurs; and further, these leucocytes are an active factor in the conveyance of calcium salts from the glands to the exterior. (4) The uterine glands excrete calcium and mucin, and therefore the uterus is a "menstrual organ." (5) There is a correlation between the ovaries and uterus with reference to menstruation, but the ovary is probably no more predominant than other ductless glands in this respect. (6) Menstruation *per se* is not a necessary adjuvant nor concomitant to fertility and reproduction.

NURSING IN MISSION STATIONS



A LEPER HOSPITAL IN NORTH INDIA

By M. NORA NEVE

Superintendent of Nursing, C. M. S. Hospital, Srinagar, Kashmir

THE State Leper Hospital in Kashmir is as its name implies a state institution, but though financed from Hindu coffers the management of it is almost entirely in the hands of the surgeons of the Mission Hospital (C. M. S.).

The buildings are suitable, the site a beautiful one on the lake, healthy, convenient to the Mission Hospital, easily discovered by would-be patients.

The inmates are all voluntary, segregation is not enforced; that the leper asylum is popular is shown by the fact that there were 173 admissions last year and that the average length of stay was 1104 days. Of the 173 new cases in 1908, thirty-nine only were women.

One of the honorable medical superintendents writes in his last report: "In some of the lepers who have been longest under our care there have been no signs of active disease for many months." In that of the preceding year he says: "Most lepers improve greatly under treatment, and in many the disease is practically arrested."

Lepers are perhaps more liable than others to the minor ailments flesh is heir to. In a medical institution these are quickly treated and relieved, and dieting and a healthy protected life do much to make the poor sufferers less conscious of their sad condition.

The medical staff consists of, under the two honorary medical superintendents, an elderly Indian Christian of some ability and a good deal of experience, a Hindu purveyor who also helps with dressings, and two young male assistants such as do most of the nursing of the men in the Mission Hospital and who were trained there. There is no nurse in the American sense of the word, but neglect must not be assumed on that account. Very little has to be done for the women patients beyond simple dressings of ulcerated fingers and toes. Any requiring an operation with subsequent nursing are brought into the Mission Hospital where there are two nurses, and are there cared for with, of course, special precautions.

Much that is done by nurses at home is in the leper asylum done by the patients themselves (who are not incapacitated in any way by their disease) or by the "orderlies" or by the medical superintendents even—a curious division of labor, it may be said, but less curious-sounding out here where few even of the government hospitals in India have a nurse on the staff.

One or two more facts I may mention: The Christian head of the asylum reports daily at the Mission Hospital, attends prayers there, and helps in the preaching. Drugs are supplied from the hospital dispensary, dressings are prepared and sterilized on the spot. Last year there were eight deaths; the previous year four, but out of a rather smaller number of inmates. Tracheotomy is occasionally required; nerve-stretching causes improvement, temporarily at any rate. Amputation of a foot is sometimes performed. There are three Christian patients and we hope the number may be soon increased.

ITEMS

LEPROSY IN KOREA.—In a report of the work of the Korean Presbyterian Mission at Fusan, we find this account of lepers there:

"By far the most distressing cases who have come for help are those who have come with leprosy—these cases are both sad and trying. To be confronted day by day by a victim who has advanced to the last stages of this malignant disease, supporting himself on two canes, his feet and his hands partly gone, likewise his nose and his ears, his body in a putrid condition, and his face bloated out of all human resemblance, and over this mass of ruins a few rags, and on his back a broken gourd and a straw bag, the one in which to carry his food and the other for his bed—to have such an one prostrating himself before you, making signs and gestures,—for the inroads of his disease have hushed his voice forever,—pleading for that help and mercy which you are unable to give, is a scene sufficient for a lifetime. Multitudes of those affected with this yet unconquered enemy of man live in the South, thousands of whom have applied for help. Plans are now under way and we fully expect to see a leper's home established in the near future. While no radical cure can as yet be given them their sufferings can be more or less relieved, their lives prolonged and made more tolerable, and they would have such an opportunity of being brought under the influence of the Gospel as must now necessarily be denied them.

LEPROSY IN SOUTH CHINA.—At Tungkun, not far from Canton, is a leper home, founded in 1905, the average number of occupants of which is 124. It is supported by contributions from several different

societies and individuals in China, Germany, and Switzerland. Those patients who are able pay an entrance fee. The home gives them isolation, shelter, and partial support. Medical and evangelistic work is done among them.

THE CONTAGION OF LEPROSY.—The fact that leprosy is contagious, but not hereditary, was, says the *Lancet*, proved by the Commission in India, and this view is further supported by Dr. Kuhne, of the Leper House, Tungkun, South China, who asked 167 lepers, and found that 56 had a clean family history. The two drugs which have been found of any service are alphozone and nastin. The former is the favorite drug of the lepers, and, in addition to its value as an intestinal antiseptic in the cases of dyspepsia, diarrhoea, and dysentery (which are usually of bad omen and a sign that the intestine is affected), it seems also to exert a tonic influence. Injections of nastin in cases of nerve leprosy have, on the whole, effected an improvement, though it has not been a uniformly successful drug. In several cases the injections were followed by headache and giddiness. Leprosy exists all over China, not to any great extent in the North, but in Central and South China it is frequently met with. While lepers in most places are allowed to roam free, there are settlements here and there in which they are segregated, but never strictly so. The native sovereign remedy for the disease consists of the leaves of *Xanthium strumarium*. The Chinese describe five different forms of leprosy. In one the skin dies, indicated by loss of sensation; in the second the flesh dies and no pain is felt in cutting it; in the third the blood dies and ulceration and pus are formed; in the fourth the tendons die and hands and feet drop off; in the fifth the bones die, the nose is destroyed, and the eyes, throat, and lips become involved. They ascribe as causes, climate, infection, defective nutrition, and the air of graves.—From *The British Journal of Nursing*.

DR. WILLIAM OSLER says, "Whether tuberculosis will be finally eradicated is even an open question. It is a foe that is very deeply intrenched in the human race. Very hard it will be to eradicate completely, but when we think of what has been done in one generation, how the mortality in many places has been reduced more than 50 per cent.—indeed, in some places 100 per cent.—it is a battle of hope, and so long as we are fighting with hope, the victory is in sight."

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

COFFEE AS A BEVERAGE: ITS USE AND ABUSE.—R. Amory, in the *Boston Medical and Surgical Journal*, commends the use of coffee prepared by cold water instead of the usual infusion with boiling water. It may be prepared by passing the cold water through finely ground coffee in a porcelain or china percolator. This extracts only one-ninth of the caffeine and one-fifth of the tannin contained in the bean, and it preserves the aroma of all the volatile oils in the bean. Consequently the wakefulness, excitability, and digestive disturbances are much less with the cold water coffee. The author has found from personal experience that coffee thus prepared may be carried for two or three weeks without any loss of color, aroma, or strength if it is kept in a cool place, carefully corked. This infusion is made strong and just as it is used hot water or milk are added. This sets free the volatile oils and fragrant coffee results. Full details are given for all the necessary manipulations.

BLUE RAYS IN THE TREATMENT OF WOUNDS.—The *Medical Record* quotes from a German contemporary as follows: Richter says that sunlight has been proved to have an undoubted healing effect upon various kinds of wounds. Dry air and sunlight are, however, not to be had everywhere, and Richter has found a good substitute by employing blue arc light. The apparatus consists simply of an arc light with a reflector and blue glass panes. The wounds are subjected to the effect of the light for one-half hour daily. Such exposures lead to very rapid drying of the wound's surface, followed by the growth of epithelium and the formation of a scar. Nothing but sterile dressings are employed between the sittings. Especially remarkable is the diminution in pain following the exposure to the rays. Richter sees the beneficial effects of the rays in the general hyperæmia they produce. He had very favorable results in treating plain granulating wounds, suppurating wounds, and especially chronic leg ulcers by this method. The fact that no immobilization of limbs nor rest from the usual occupations were required made the method especially acceptable to working people. The final results were always very gratifying, the scars being more elastic, soft, and less painful than after the more usual methods of treatment.

ALCOHOL AS A SURGICAL DRESSING.—J. G. Andrew says in the *British Medical Journal* that he has gradually given up the use of the conventional antiseptics and now confines himself to methylated spirits whatever may be the nature of the wound. He believes that gauze wrung out in spirits withdraws the moisture from the wound owing to the affinity of alcohol for water and thus removes the most essential factor for bacterial growth, viz., moisture. It frequently lessens the necessity for drainage and by its styptic properties shortens the time necessary for securing the smaller bleeding points.

ADENOIDS, NOCTURNAL INCONTINENCE, AND THE THYROID GLAND.—The *Lancet*, as quoted in the *Medical Record*, says: L. Williams gives the histories of patients which go to show that adenoids cannot be regarded as a cause of nocturnal enuresis, but that when these two conditions are associated both are due to a common cause, viz., insufficiency of the internal secretion of the thyroid gland. The administration of thyroid extract will in a comparatively short space of time effect a cure of the enuresis and greatly relieve coexisting evidences of poor general health. In the author's hospital service he has seen twenty-five patients in all and only one failed to respond to the thyroid treatment.

ARTIFICIAL RESPIRATION.—The *New York Medical Journal*, in an abstract of an article in a German contemporary, says: Schäfer gives the following directions: The movements of artificial respiration should be begun at once, as soon as the patient has been removed from the water, and no time should be lost in removing or loosening the clothing. As soon as taken from the water lay the patient on his stomach with outstretched arms, the face turned to one side, the operator kneeling astride or to one side of the patient. Place the hands on the small of the back of the patient, one on each side, with the thumbs parallel. Bend forward with outstretched arms so that the weight of the operator will rest on his wrist-joints and so make even, strong downward pressure upon the lower ribs and loins of the patient, and remain so while counting slowly 1—2—3. The operator then swings back, taking away the pressure on his hands, which are kept in the same position and remains so while counting slowly 1—2—3. This forward and backward movement, producing and relieving the pressure on the loins, is to be maintained without noticeable intermission at the rate of about twelve times a minute. The pressure drives the air from the lungs, the removal of the pressure draws the air in again. The movements are to be continued until natural respiration begins.

CURRENT LITERATURE OF INTEREST TO NURSES

New York Medical Journal, May 1, "Treatment of Appendicitis," Beverley Robinson, M.D.; May 8, "Surgical Treatment of Tuberculous Disease," Arthur Tatchell; May 15, "Preventable Blindness from the Standpoint of the Obstetrician," J. Clifton Edgar; May 29, "The Pancreas in Diabetes Mellitus," Editorial. *Medical Record*, May 1, "Carbolic Acid Gangrene," Editorial; May 8, "The Point of View in Medicine," Beverley Robinson; May 15, "Flies and Milk Contamination," Editorial; May 22, "The Effect of Fever in Infectious Disease," Editorial; May 29, "The Etiology of Pain," E. G. Janeway. *Bulletin Johns Hopkins Hospital*, May, "Acquired Venereal Infections in Children," Flora Pollack, M.D. *The Journal of the American Medical Association*, May 15, "A Corrector for Weakened Feet for Use at Night," J. M. Berry, M.D.; "Infant Feeding;" May 22, "Relation of Human and Bovine Tuberculosis," Editorial; May 29, "The Resistance of the Human Body to Cancer," H. Gideon Wells, M.D.; June 5, "Medicine and the Lay Press," "Gelatin as a Food in Intestinal Disease," Editorials; June 12, "Management of Hemorrhage in the Parturient Canal," John F. Moran, M.D.; "Medical Psychology," Edmund J. A. Rogers, M.D.; "Tuberculosis and the Indian," Editorial. *Yale Medical Journal*, May, "Some Matters Concerning the Nutrition of the Young," Charles A. Goodrich, M.D.; "The Feeding of Sick Children," Marion Walker Williams, M.D.; *Survey*, May 22, "The Responsibility of Family Life," Annie L. Chesley; June 5, "Research Afloat," George A. Soper; June 12, "Social Significance of Ambulance Control," Nathan Bijur. *The Outlook*, April 24, "The Work of Wives," Flora M. Thompson. *The Century*, June, "Experiences on the Laborador," Wilfred T. Grenfell. *McClure's Magazine*, June, "The Conservation of the Defective Child," Marion Hamilton Carter.

NARCOSIS WITH ARTIFICIALLY DIMINISHED CIRCULATION.—The *Medical Record*, quoting from a foreign journal, says: Zur Verth finds that after exclusion of a portion of the blood from the circulation by ligation of the extremities so that they will contain the amount of blood normally to be found in them a patient will require less ether or chloroform to induce narcosis, and that he will awake from the narcosis quickly after the ligating bands have been removed.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK, R.N.

THE INTERNATIONAL COUNCIL OF NURSES

WE will not attempt to repeat the entire programme for the coming meeting, as it would take more space than is at our command, but we can say that it is going to be of unusual interest. The evidences of a wide-spread interest in the meetings are most gratifying. Fraternal delegates are coming from Japan, Cuba, Sweden, Belgium, the Australian associations, the conservative association of Holland, and societies in the United States, notably the Spanish-American War Nurses.

The Federation of Nurses at its meeting in Minneapolis on June 9 appointed the following four official delegates: Mrs. Robb, Miss Goodrich, Miss Delano, and Miss Cadmus. Later, on Miss Nutting's stating that, being unable to go to London, she preferred resigning and thus enabling a new president to attend, the Council elected Miss Goodrich as president of the Federation and chose Miss Maxwell as the fourth delegate. Besides the president and delegates it is probable that a large number of nurses will go to the meetings from the United States.

HOSPITAL NURSING IN RUSSIA

A RUSSIAN nurse is on duty at the Nurses' Settlement in New York and has given interesting information as to the nursing system in that country, so little known to the ordinary traveller. She was taught in Wilna, where she also studied midwifery, and we will transcribe her account, as she has but recently learned English.

St. Jacob's Hospital in Wilna is a large city institution, of perhaps a thousand beds or so, at any rate the maternity wards alone have seventy-five beds. It is quite a fine building, lying a little outside the city towards the river, spacious and with some grounds about it. Inside it is well equipped and well built,—a handsome hospital, newer and better than the Jewish hospital in the same town, which is old and shabby. The general nursing system in Russia is as follows: There are no training schools exactly like ours in America, yet they have a system of teaching which is carried on in all the large cities, something like the courses carried on by the Red Cross Society in France for its

members, but with terms of study of longer duration. The Russians have "schools for training nurses" under this system, but we must think of a sort of day school which the pupils attend for a part of every day, while living at home or where they please. The educated nurses in the Russian hospitals are called "Felscher" (men nurses) and "Felscheritza" (women). The schools to prepare these nurses are attached to the large hospitals, and their course of studies always covers two years and sometimes three, so that we can see that they intend this course to be good. The pupils all pay for this education,—no hospital education is given free,—and it costs them about 100 roubles a year or thereabouts. They have, of course, also their living expenses to bear, unless their home is in the same town. The study, lectures, demonstrations, etc., are conducted by the professors and doctors, and the pupils attend certain classes and lectures every day and also, at certain periods, "walk the wards" in the hospital, attend doctors' rounds, watch the ward nurses at their work, and are taught to bandage, take temperatures, apply treatment, give medicines, etc. They do not stay in the wards, but simply go for a few hours every day, and are taught as medical students are. The theoretical teaching is quite extensive and thorough, with strict examinations, and if the pupils fail to pass these they are dropped.

After having successfully taken the two or three years' teaching the pupils receive certificates, and the hospital then fills its permanent positions from those holding a certificate. The "Felscher" and "Felscheritza" are engaged for no special length of time, but as long as they wish to stay and are satisfactory. Every ward has one or more such instructed nurses, besides a "servant" or more. Sometimes the nurses (we will call them) live in the hospital and sometimes they live in their own homes; there is no hard and fast rule. Sometimes they marry, but keep on in their hospital work. They are paid salaries, but have not as dignified nor authoritative positions as our head nurses, nor quite the same responsibility. They give medicines, take temperatures, and carry out procedures; they also bathe the patients (that is, the good and careful ones do), but they do not "give bedpans": that necessary and important duty is performed by the "servants" and it is the servants also who seem to do any freshening or changing of bedclothes that is needed or anything in the way of special cleansing of the patient or his surroundings.

The doctors are quite highly educated, but on the whole do not know as much as the German physicians. In the hospitals some are "nice" and "good," and some are not; quite as everywhere else.

The midwifery course is very thorough, comprising two years of

arduous work and study. Few physicians in Russia actually do obstetrical work, as it is so much the custom for all women except a small minority to have the midwife. However, the rules are strict that the midwife must always send for a physician in case of difficult or dangerous conditions. On the other hand, for the reason that in many of the country regions a doctor may not be within reach, the midwives are taught to be competent in all sorts of emergencies. It is quite the custom with families of wealth to have the midwife to deliver, but to have the doctor on hand also in case he may be needed; then the doctor sits in the parlor and "does not even always wash his hands," as it is more than likely he will not be disturbed.

The Red Cross Society trains Red Cross nurses who are called Sisters of Mercy. They are quite special and aside from the "Felscheritza." They are trained solely in the military hospitals, and only "Gentiles" are accepted for the staff. In case of war service, the Red Cross Sisters are entirely at the disposal and under the orders of the military medical staff.

ITEMS

THE Society for State Registration of Nurses of Great Britain scored an important point on May 13 in securing an interview with the Prime Minister, who consented to receive a deputation and to hear arguments for making the registration bill a government measure. The deputation was large, varied, and influential, including physicians, members of Parliament, women's organizations, and nurses, representing all the organizations of nurses and matrons. The statements were able, and we regret that limited space prevents quoting liberally from them. Miss Huxley spoke for Irish nurses; Dr. Bedford Fenwick, Sir Victor Horsley, and Sir William Macewen defended the nurses' claim as earnestly as ever, and Lord Ampthill and others urged upon the Prime Minister the importance of professional standards as a measure of public importance. The general tenor of Mr. Asquith's replies and comments, however, does not impress us as being encouraging, though we will rejoice if shown to have been a false prophet in this detail. From the stenographic report we suspect that he has been well supplied with all the "anti" arguments, and fancy that this particular women's cause will go the way of the others as far as he is concerned.

THE Jubilee Congress of District Nursing held in Liverpool May 12-14 is described by Miss Hitchcock, who was present as delegate from the Nurses' Settlement in New York, as having been exceedingly interesting, with a great wealth of material from many sources. As Miss

Fulmer will give an account of the proceedings we will only express regret that more visiting nursing associations from America were not present to share in the commemoration of the founding of the modern system of district nursing by Mr. Rathbone. We regret also not seeing any account in the reports of the meetings of the successful establishment of a district nurse in Bordeaux under the direction of Dr. Anna Hamilton. Perhaps, however, this will appear in the published papers. As the Bordeaux nurse is essentially modern it seems a pity for her not to have received special mention in these meetings. The May number of the French nurses' journal gives an interesting résumé of the work of this nurse for the year, and quotes extracts from her diary or daily report showing that her work is done with the utmost intelligence from the social standpoint as well as from that of good nursing.

It is interesting to learn that the experiment of placing trained nurses in the public schools has been undertaken in Paris by the Assistance Publique in co-operation with the municipal council of Paris. The plan was presented by M. André Mesureur, and two of the pupils under Mme. Jacques's direction have been selected to visit two primary schools. We shall give more space later to this extension of public school nursing and trust it will spread widely.

THE announcement of the marriage of M. André Mesureur has just come, and all of the American nurses who had the pleasure of meeting him on the day of the reception in Paris at the Salpêtrière will wish him joy.

AMERICAN nurses arriving in London for the Congress are asked to send their names and addresses to Miss Dock at 431 Oxford St.

REMEMBER, St. Ermin's Hotel will be headquarters for Congress officers, and Mrs. Glane, Anglo-Scandinavian Bureau, 47 Great Portland St., will give information about inexpensive hotels and lodgings.

"As patients, these little people are most excellent," writes Dr. Wilfred T. Grenfell of his "Experiences on the Labrador" in the *June Century*. "They have no fear of pain, and heal rapidly, a tribute, possibly, to our almost germless air. On one occasion, seated in a large Eskimo tubik, or tent, I was seeing the sick of a settlement which I had not visited for eight months. It came the turn of a girl of about fifteen years, who silently held up a frost-bitten toe that needed removing. As there was a dense crowd in the tent, she insisted it should be done at once. The satisfaction of being for the moment the centre of attraction was all the anæsthetic she wanted."

LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

REGARDING SMALLPOX

DEAR EDITOR: What is the remedy for smallpox that makes quarantining unnecessary?
I. R. P.

UNWARRANTED ASSUMPTION OF RESPONSIBILITY

DEAR EDITOR: I heard very recently of a nurse who changed the names of drugs in a prescription from their Latin to their English names and telephoned to the druggist, thereby making the prescription cost a great deal less. Is it right for a nurse to do such a thing?
B.

STEAMSHIP NURSES AGAIN

DEAR EDITOR: In reply to the inquiry of one of the JOURNAL readers, I have found that the only American trained nurse employed as a nurse, not as a stewardess, is on the Hamburg-American liner *Amerika*. The others are employed from the other side; the North German Lloyd, the same. The Holland American does not employ any. From the Cunard I could get no information. It has apparently not grown in favor with the companies, as they get a few nurses from England and Germany who go as stewardesses, accepting the low wages of the company and the generous tips of the passengers.
C. M. E.

AN UNUSUAL OPPORTUNITY FOR THE NURSE IN NEED OF REST

DEAR EDITOR: I am at present enjoying the hospitality of a beautiful place, "Maple Cottage," provided by Mrs. Walter G. Ladd, where she invites educated self-supporting women in need of rest and recuperation to visit as her guests, without money and without price.

Mrs. Ladd has herself been a very great sufferer from ill health and been ministered to by graduate nurses. She has thought much of the needs of her suffering fellow women and out of her boundless sympathy and unlimited means supports this delightful abode, where women may come for the needed rest and care to restore them to health that they may resume the duties of their vocations by which they make themselves independent.

Mrs. Ladd does not offer this as a charity, though there is no pay accepted, and from New York and return tickets are supplied. It is just "her way" of doing good, and she earnestly wishes nurses, teachers, artists, and all self-supporting women of education and refinement who may be benefited by a stay at Maple Cottage, to accept her most cordial invitation.

Miss Dudley, a graduate nurse, looks after the guests in a most capable and delightful manner, making every one feel at home and most welcome.

All communications should be addressed to Miss H. Estelle Dudley, Superintendent, Maple Cottage, Peapack, New Jersey.

MATILDA AGNES FREDERICK, R.N.,
Graduate New York Hospital Training School.

THE MERCENARY (?) NURSE

DEAR EDITOR: In reading the JOURNAL I come across the term mercenary nurse quite frequently and have wondered who they were and where located. What is it that constitutes a mercenary nurse? Is it charging \$25.00 per week and trying to lay aside a fund for a rainy day when one is no longer able to battle for her bread and butter? Any one who is at all acquainted with the life of a private duty nurse knows full well she earns all she gets, and in the work of a nurse as in all other work "the laborer is worthy of his hire." In addition to the care of the sick the average nurse gives unstinted sympathy to the entire family, and many a kind act is given to the troubled household which is not included in the actual nursing. I suppose I am as widely acquainted with nurses in different parts of the country as any one and there is no class of women who are more ready to loosen their purse strings and open their hearts to an appeal for aid than the trained nurse.

In regard to the nursing of the middle classes, it seems to me there is undue solicitude. People of the middle class, as a class, pay their bills, 100 cents on a dollar. Besides, it is not always those of the middle class who want the nurse to reduce the price. Sickness does not come to them often and when it comes they are usually prepared to meet it, although they may have to give up the summer trip, a new dress, or new hat. Should there be financial embarrassment owing to misfortune, there are but few nurses who would not do all in their power to lighten their burdens. Then we have the well-conducted hospitals, if a nurse cannot be afforded, where good care will be given and the expense be much less. But to ask a nurse when not busy and when she should be resting to nurse for less or nothing is asking a great deal. She should be her own judge in regard to giving and not another. Who is going to take care of the nurse if she does not look out a little for herself?

Would it not be well as nurses to make some concerted effort to establish a home, national in its scope, for those who are worn out and, old age overtaking them, have through no fault of their own (or even if the fault be theirs) not laid aside a sufficient sum to care for them? Is it not time some effort in this direction is made? This question seems to me sufficiently serious for the national association to discuss. I hope the day is not far distant when it will be, and result in something practical. I believe the nurses at large would loyally support a movement of this kind.

A few words in regard to woman's suffrage. Recently in Colorado, there has been a great deal in the newspapers about compelling the milk dealers to give pure milk. How many women in this state would not cast their vote for members of the legislature who would pass laws that would protect the lives of not only the little ones but of all who drink this health-giving beverage? Yes, voting means much to every woman, and even if politics would be no better it is just that a woman, if she wants to vote, should have that privilege and if she should want to stay at home and not cast the ballot, that also should be her privilege. But the time will come when those who remain at home will be looked upon as the men are who think politics too rotten for them to concern themselves about,—as lacking in patriotism.

H. E. S., R.N.,
Denver, Colorado.

USES OF THE MARRIED NURSE

DEAR EDITOR: I am well aware that a nurse is more or less relegated to oblivion in the professional world when she takes up the duties of a home, nor does she have very many spare moments for outside problems and recreations if she takes the proper care of her own family; but there is oftentimes a little rebellious heartache, at being "sort of dropped" by those who made up her former life, and she doesn't in the least enjoy being snubbed by a few more or less fortunate sisters, as the case may be. However I want to tell some of our JOURNAL readers how one married nurse keeps in touch with her profession, and at the same time gets all the sunshine there is in a little home.

Soon after I "wantonly disgraced my profession" we were stationed in a little southern town where "married ladies are supported by their husbands," so after leaving a nice long case of almost a year, I settled down to *board* and *do nothing*, except dress for meals three times a day, and rest and gossip between times, neither of which appeals to a nurse. I accidentally met the head surgeon of the one hospital in town one day, and was invited by him to attend a very complicated operation. This proved an "open sesame" to the operating room, as the Sisters in charge kindly pressed me into service and gave me many a pleasant hour behind the scenes. Then, too, a little hourly work came to me, and aided materially in keeping me from feeling as though I had become an extravagance of nature. For if I could "surreptitiously" hide my beloved uniform under a long coat, and run out for an hour to bake a refractory knee, or bathe and freshen up some doctor's patient, why shouldn't I?

After a few months we were transferred to the busy west where "women vote and do as they please," and here I have been confronted with many new problems. I may say, too, that we at once began housekeeping and I have had need over and over for every morsel of theory and practice in scientific cookery, as we both had gotten indigestion while boarding. At my husband's place of business are seventy-five employees, and I have been called to give "first aid to the injured" many, many times—in fact I have bandaged more sprains, and looked after more cuts and bruises the past few months than I did during my entire career as a nurse. Best of all is the wonderful opportunity of mothering the working girls, for one can usually get in a little suggestion on cleanliness and right habits of living while looking after the minor ills that come up.

Then, too, our own little boy had such a fight with his digestion that the first year of his life gave me a constant patient—sterilizing, pasteurizing, pre-digesting food, daily oil rubs, etc., while my next door neighbor, with absolutely no idea of motherhood except to clothe and feed the baby, was giving her boy the proverbial carpet tacks at six months. At eight months hers was a twenty-five pounder while ours weighed only twelve, but I say with pardonable gratification that now at one and one-half years our boy tips the scales at thirty pounds, while the precocious neighbor is under treatment for general intestinal derangement, with the usual emaciation attending such disorders. Just here let me relate a funny experience from the same household. I was called in great haste one morning—"Baby is limber all over and going to have a spasm." At a glance I saw the child had had an overdose of something, but the mother insisted she had given him nothing. I began immediately to investigate the

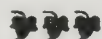
gas fixtures for a leak, when she suddenly remembered that she had been giving him honey and tar syrup all night, but "John" (the six-foot father) "takes it and it doesn't hurt him!" On examining the bottle I found that the cough syrup contained 12 per cent. alcohol, and the poor little chap was "gloriously drunk."

Last summer I spent a delightful day at the large hospital here assisting with some anæsthetic patients. It did seem good to be back in harness again even for so short a time. Then I have different nurses in the field run in to luncheon with me when I am alone, and we can talk shop unreservedly. We always take so much pleasure in discussing the JOURNAL—I would as soon expect to get along without my cook stove as do without our beloved JOURNAL. I think the hospitals make a mistake in not educating their nurses to appreciate the constant help this magazine gives them. I happened to be called, through a serious illness, to spend several tedious weeks in a large up-to-date hospital in our town, but not one pupil nurse had ever seen a copy of the JOURNAL. When I approached the superintendent on the subject she said: "Oh, the girls get so much theory and practice here that when they have time for other reading they want fiction." Let it be known, however, that my JOURNALS went the rounds and we discussed many an article, over the daily bath. Of course, as the philosophical Mrs. Wiggs remarked: "Them as ain't et turkey don't know what they've missed," but it does seem too bad for a nurse in actual service not to have the JOURNAL.

I shall continue to cherish the love for the work and supplement it along with my home duties, trying materially to enlighten some less experienced mothers and be a little comfort to humanity in general, not, I fear, from any innate goodness, but just because I love the life of a nurse." M. T. J.

THE German idea of the "Woman's Year of Service" seems to have much to commend it, judging from the verdict of a German lady, who has herself "served" in this way, and writes about it in the *Zeitschrift für Krankenpflege*. As men give a year, or more, of their lives in military service, so girls devote a year to nursing the sick of the nation, enjoying the advantages of a year's useful training in mind and body. The lady in question says that her own relations thought her mad, or "ready for a convent," when she announced her intention of serving in this way, but she carried out her wish, and recommends all girls to do the same. One learns self-reliance, she says, experience of men and things, one's outlook on life is enlarged, and the body becomes stronger and more active. Just as the young man shows in his bearing if he has been through military training, so the girl who has passed her hospital training shows it in her more purposeful, brighter, and more womanly personality.

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

THE FIFTEENTH ANNUAL CONVENTION OF THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES was held at the Hotel Ryan, St. Paul, Minnesota, June 7 and 8, 1909.

The first session was called to order by the president, Mrs. Isabel Hampton Robb, at two o'clock on Monday June 7. The invocation by the Rev. Henry Chapman Swearingen, D.D., was followed by the address of the president. This address, full of enthusiasm, devotion to all nursing matters, and courage for the future, started the meetings with a feeling of good fellowship, high ideals, and active interest, the latter seeming to grow as the program presented itself. Indeed all present congratulated themselves upon being there and felt regret that every nurse could not share the opportunity and privilege.

With the exception of the few moments devoted to the election of officers, each session was an open one, with the result that the large room selected for the meetings was full to overflowing, and that the additional enthusiasm of numbers was present. Every paper read or report submitted was followed by an interested discussion.

After the president's address the following report was made for the Council by the secretary, Miss Nevins: Two Council meetings were held during the year. In the late fall it had seemed advisable to reconsider the decision reached in Cincinnati regarding the selection of New York as the meeting place for the fifteenth convention, and by the unanimous vote of the Council the most cordial invitation of St. Paul had been accepted. Five resignations had been received during the year, these resignations being due to the fact that the members were giving up active work, or going into new fields, some occupied with their own homes; thirty new names were presented for membership.

Invitations from several cities as to the meeting place for 1910 were read by the secretary. The secretary stated that it was the request of the Council that the members should decide where the sixteenth convention should be held.

Miss Maxwell presented invitations from the Mayor, the Board of Regents, and several alumnae and graduate nurse associations of New York. This matter was discussed and at a later meeting a motion was carried to the effect that the association should accept the most cordial invitation extended by New York, and should send thanks and appreciation to all from whom invitations had been received.

The report of the treasurer was read and accepted.

Miss Gladwin, chairman of a committee to secure the views of the members of the association regarding reorganization and closer affiliation with the Associated Alumnae, reported that the majority of replies received showed disapproval of any reorganization which would change the character of the American Society of Superintendents of Training Schools for Nurses. All were in favor of keeping in closest possible touch with the Associated Alumnae, as the

work of each was so great and of such vital interest that only by the utmost harmony, unity, and by the combined efforts of both organizations could the results aimed at be obtained.

A motion was carried that a communication be sent to the Board of Directors of the Associated Alumnæ, requesting that in 1910 the two organizations meet in the same city and hold their meetings during the same week.

Miss Goodrich, chairman of the Teachers' Economics Course, reported that Miss Nutting had been able to secure one number of the *Teachers' College Record* during the year, to be given over to the work of the Economics Course. She presented the fact that some of the papers prepared by the students of the Economics Course were of distinct educational value and would assist in the teaching work in our schools, if they could be obtained by them. The society authorized the appointment of a special committee on the Economics Course to take up this matter and to have printed such papers as were considered valuable.

Miss Nutting, chairman of the Education Committee, reported that the matter of a course of instruction in home nursing, referred to the committee at the meeting in Cincinnati, had been handed over to a special committee, resulting in an outline of such a course, which was recommended by the committee and approved by the society.

The committee also reported a conference with a committee from the Superintendents of Hospitals Association to consider the training-school curriculum. Miss Nutting stated that a systematic course of practical work at Bellevue Hospital had been secured for students taking the second year in the Hospital Economics Course at Teachers' College.

The report of the Committee on Red Cross was postponed until the meeting of the Federation.

Miss Bertha Erdman's paper on "Training-school Committees" brought out an interested discussion. It was felt and advised by the majority that each school should have a strong, representative training-school committee, meeting regularly with the superintendent of nurses who is kept informed of the affairs of the school so that at any time she could call upon the committee for support and advice.

Miss Patterson, chairman on arrangements, announced the program of generous entertainment provided by the nurses of St. Paul, after which the meeting adjourned, the members feeling that indeed they were among good friends who were careful for their comfort and pleasure.

In the evening a reception was held at St. Luke's Hospital, where the guests felt the spirit of welcome and received the courtesies of the institution.

The session on Tuesday was opened at ten o'clock by a short report of the Council by the secretary.

Miss Hilliard, chairman of the Auditing Committee, reported the books examined and correct.

The paper on "Ethics Between Training Schools," prepared by Miss Laura A. Beecroft and read by Miss Nevins, was followed by an active discussion led by Sister Amy. Sister Amy felt that a pupil dismissed for cause from one school should never be accepted into another. If it appeared wise to allow the young woman to graduate as a nurse, she might be suspended for the proper length of time, after which she could be taken back into her own school.

The majority seemed to favor kindly but painstaking consideration of

applications from young women who had voluntarily left nurses' schools and who, at a later date, desired to complete the course elsewhere.

It was also deemed advisable to show consideration to probationers who, unable to continue the course in one institution, might be considered worthy of a second opportunity by the superintendent of nurses under whom the first trial was made.

It was urged that a greater courtesy and loyalty be maintained between different schools in the same city, as well as throughout the country, and that this loyalty could be reached by the superintendents of nurses getting into a closer personal touch with each other and by a more constant application of the golden rule of doing unto others as we would wish them to do unto us.

Miss Martha M. Russell's paper on "Preparation of the Student Nurse for Obstetrics" was read by Miss Nevins. The discussion, opened by Miss Van Kirk and participated in freely, showed a variety of opinions and method as to the length of time, number of cases, and theoretical instruction given, with some dissatisfaction of the general plan and methods of teaching now in use. A motion was carried that a committee be appointed to make a careful study of this branch of the nurses' training and to report at the convention in 1910.

The appointment of a committee was also requested, to study and report on the instruction of the nurse in the nursing of nervous diseases, at the close of the paper prepared on that subject by Miss Elsie N. Lawler. The point was made in this discussion that too frequently the pupil nurse was uninstructed in the necessity of careful, individual study of the patient, which study formed the first principle for successful care of the nervously and mentally ill. In this, as also in the other special branches of nursing, the fact was emphasized that women of a high type were needed to insure successful nursing of the patient.

The afternoon session on Tuesday was opened by a most interesting paper on nursing of "Diseases of the Eye, Ear, and Throat," by Miss Eugenia A. Ayers, emphasizing the great need of special teaching in this branch of nursing, and, like the previous papers and discussions, showed plainly shortcomings in our educational methods.

Miss Helen Scott Hay's paper on "Preparation for Institutional Work" was listened to with interest, entertainment, and approval. It brought out the fact that positions in our institutions of great importance and calling for educated, cultured women, were going unfilled for lack of the women properly prepared to undertake the work. It urged a carefully worked out system of training for institutional workers; it advised the nurse, graduate and undergraduate, to remain a student, eagerly grasping every opportunity for self-improvement, so that there might be formed a strong body of thoroughly prepared, thoroughly educated nurses ready to fill well the many positions which await them.

The last paper of the session, on the "Preparation of the Student Nurse for Private Duty," by Miss De Witt, was freely discussed by members and visiting nurses. Miss Stone presented an earnest plea for more careful training in domestic work and for better instruction in housekeeping, the lack of this knowledge being a serious handicap for the private duty nurse.

A committee was appointed to look into the financial condition of the society and decide whether any scholarship, full or partial, should be offered this year to assist a student in the Economics Course.

A resolution was made by Miss Dock and carried, to the effect that the society place itself on record in affirming the fundamental principle set down by Florence Nightingale, that the instruction, discipline, and guiding of nurses should be in the hands of women who are themselves nurses, and that the association should object to any policy which will take the authority and responsibility of all matters which pertain to nursing and to nurses out of the hands of women placed at the heads of schools and of departments of nursing, it being considered that such a policy has led, and will lead, to confusion and disorder.

A motion was carried that a committee be appointed to make a study of the methods of instruction of the pupil nurse in the nursing of children, this committee to make recommendations of methods of teaching at the next convention.

Miss Maxwell, chairman of the Committee on Resolutions, requested that the thanks of the association be sent: to the Committee on Arrangements, for its successful efforts for the entertainment and comfort of the visiting superintendents; to the Reception Committee which met and took charge of the visitors upon arrival; to St. Luke's Hospital, St. Joseph's Hospital, and to the City and County Hospital for the courtesies they extended; to the Excursion Committee for the delightful trips through St. Paul, and to the Bureau of Information for the prompt and courteous services rendered so freely.

Miss Nutting, the president-elect, was introduced, and in a few words impressed anew those who listened with her devotion to and absorbing interest in the effort to secure true education for the nurse. She pointed out the great amount of important work waiting for the society, and urged each member to do her full share and possibly a little more than her share of this work.

Votes of thanks and of appreciation of the retiring officers were presented and the meeting adjourned, the members feeling that they were carrying away much to think of, and grateful to the nurses of St. Paul and Minneapolis for their most successful and generous entertainment.

At four o'clock the members were entertained at tea at St. Joseph's Hospital, and at eight o'clock at a reception at the City and County Hospital, at both these institutions much courtesy being shown to the guests.

The following are the officers elected for 1909-1910: president, M. Adelaide Nutting, Teachers' College, Columbia University; vice-presidents Mrs. Isabel Hampton Robb, 702 Rose Building, Cleveland, Ohio; Lauder Sutherland, Hartford Hospital, Hartford, Conn.; secretary, M. Helena McMillan, Presbyterian Hospital, Chicago, Ill.; treasurer, Anna L. Alline, 132 Lancaster Street, Albany, N. Y.; Councillors, Sister Amy, The Children's Hospital, Boston, Mass.; Georgia M. Nevins, Garfield Memorial Hospital, Washington, D. C.; Minnie Ahrens, Provident Hospital, Chicago, Ill.

CHANGES IN THE NURSE CORPS, UNITED STATES NAVY.

NEW APPOINTMENTS.—Leonard, Grace E., graduate of St. Vincent's Hospital, New York, United States Army Nurse Corps for three years. Davis, Anna G., graduate of Medico-Chirurgical Hospital, Philadelphia, Pa. Thorne, Delyla G., graduate of Garfield Memorial Hospital, post-graduate Boston Floating Hospital. Annette, Alice M., graduate of Garfield Memorial Hospital. Reed, Elizabeth, gradu-

ate of Philadelphia City Hospital. Late Superintendent of Sunnyrest Sanatorium, White Haven, Pa.

PROMOTIONS.—Naval Nurse, Lenah S. Higbee, to the position of Chief Nurse, April 14, 1909.

TRANSFERS.—Chief Nurses, Lenah S. Higbee, Mary C. Nelson, Ethel R. Swan, from Naval Medical School Hospital, Washington, D. C., to Naval Hospital, Norfolk, Va., April 15, 1909. Betty W. Mayer, Elizabeth Leonhardt, Mary H. Humphrey, Thomasina B. Small, from Naval Medical School Hospital, Washington, D. C., to Naval Hospital, Norfolk, Va., on or about June 10, 1909. Elizabeth J. Wells, Grace E. Leonard, from Naval Medical School Hospital, Washington, D. C., to Naval Hospital, Brooklyn, N. Y., on or about June 10, 1909.

ESTHER V. HASSON, R.N.,
Superintendent Nurse Corps, U. S. N.

NEW HAMPSHIRE

THE NEW HAMPSHIRE GRADUATE NURSES' ASSOCIATION held its annual meeting at the Mary E. Smith nurses' home of the Elliot Hospital, Manchester, on June 9. Eleven new members were reported. After the annual reports and routine business were transacted Miss Katharine DeWitt presented a most interesting and instructive paper on the "Formation of County Organizations Among the Nursing Profession." At the close of the paper a lively discussion followed, during which Miss DeWitt furnished much that was helpful. The following officers were elected for the coming year: president, Miss Streeter, Concord; vice-presidents, Miss Dutchler, Concord, Miss Heinneman, Nashua; secretary and treasurer, Miss Robertson, Manchester; corresponding secretary, Miss Hall, Concord; members to complete Executive Committee, Miss Truesdell, Portsmouth; Miss Shepard, Hanover, Miss Rose, Portsmouth; Miss Potter, Manchester.

Dublin.—**IDLEHOUR.** MARTHA PARSONS FUND. A small house at Dublin has been placed at the disposal of tired-out nurses for the four summer months beginning June 1, 1909. Trains leave North Union Station, Boston, for Harrisville, N. H., daily at 8.45 A.M. and 3 P.M. A stage going to Dublin meets the trains. Trains also leave Springfield, Mass., direct for Harrisville, N. H. The fund provides especially for nurses who are in need of rest and not for those simply seeking vacations. The rate for room and board is \$3.50 per week. Further particulars can be obtained by addressing Miss Denison, Idlehour, Dublin, New Hampshire.

MASSACHUSETTS

Boston.—THE MASSACHUSETTS GENERAL HOSPITAL ALUMNÆ ASSOCIATION held its May meeting at the New England Baptist Hospital by invitation of the president, Miss Anderson, who is superintendent of this hospital. After the routine business, the Sick Relief Association was organized with twenty-one charter members, the officers of the alumnæ being elected officers pro tem. Discussion of the proposed constitution and by-laws followed, and the committee was authorized to make the changes suggested and seek legal advice before the next meeting. The proceeds from the birthday tea party, \$365.37, have been increased by fees to \$450.37. It was voted that no benefits shall be paid until

the fund has reached the sum of \$1000. The annual fee, \$5.00, may be sent to the treasurer, Annie H. Smith, 103 Pinckney Street. At the close of the business meeting the members were invited to the veranda of the bungalow to enjoy a social hour, and the refreshments so generously provided by the hostess to whom the members felt indebted for one of the pleasantest meetings of the year.

AGNES E. AIKMAN, graduate of the Massachusetts General Hospital, and for eight years superintendent of nurses at the Boston Lying-in Hospital, has resigned. She will go to her home in Canada until the fall for a much needed rest. Her successor has not yet been appointed.

THE BOSTON CITY HOSPITAL held its graduating exercises in the Surgical Amphitheatre on May 28. A reception followed in the Vose House. There were thirty-five graduates.

THE MEDICAL MISSION HOSPITAL TRAINING SCHOOL held its second annual commencement in the Medical Mission Building on the evening of May 27. There were two graduates. The program was opened by a practical demonstration by the nurses, followed by music and a short address by Dr. Fred B. Fisher on "The Value of the Work Done by the Nurse in the North End of Boston." Dr. L. B. Bates gave an address to the nurses and awarded the diplomas. Mrs. Taylor, president of the Woman's Home Missionary Society, then presented each member of this class and the previous graduating class with the badge of the school. The exercises were followed by a reception and social.

Taunton.—THE MORTON HOSPITAL issues its twenty-first annual report and gives a résumé of the work it has accomplished since its foundation. The debt incurred by needed building and by the care of the poor at less than cost has been diminished by \$2000 raised on Tag Day, but there is need to wipe it out completely. Four hundred and twenty-four patients have been cared for during the year. There are ten nurses with Miss Ella Sears as superintendent.

RHODE ISLAND

Providence.—THE RHODE ISLAND HOSPITAL TRAINING SCHOOL held its graduating exercises at the Royal C. Taft Building for Out-Patients on the evening of May 26. Addresses were given by Dr. Alder Blumer and by Rt. Rev. Matthew Harkins. A reception followed. There were twenty graduates.

THE RHODE ISLAND HOSPITAL NURSES' ALUMNÆ ASSOCIATION entertained the graduating class of 1909 at the Crown Hotel on May 27. The favors were the school cap, with the menu printed on the outside and the names of the graduates on the inside. The speakers were Rev. Samuel H. Webb, Mr. John E. Groff, pharmacist to the hospital; Miss Lucy C. Ayers, superintendent of nurses; Miss Emma L. Stowe, superintendent of nurses at New Haven Hospital and a former superintendent of Rhode Island Hospital, and Mrs. Carrie L. Harris who also entertained with vocal selections.

NEW YORK

New York.—THE NEW YORK COUNTY NURSES' ASSOCIATION held its annual meeting on June 1 in the Academy of Medicine. There was an unusually large attendance, and much interest was displayed in the interesting report made by the committee on a Central Directory, so much that it is justifiable to think that at last one will be established in the city. The question of affiliation with

the New York State Branch of the Red Cross was brought up, and it was voted that the county association affiliate with that body. The officers for the year are: president, Jane A. Delano; vice-president, Mrs. C. V. Twiss; corresponding secretary, Mrs. Jack; recording secretary, Irene Yocum, 1185 Lexington Avenue; treasurer, Jennie Greenthal. The next meeting will be held the first Tuesday in October.

MISS MABEL WILSON, superintendent of nurses at St. Luke's Hospital, has resigned her position, and will leave the school on September 1. She will be succeeded by her present assistant, Mrs. C. E. Bath.

SUSAN E. EMMOTT has taken the position of superintendent and Emily V. Magnet that of assistant superintendent in the New York Post-Graduate Hospital Training School. Miss Emmott and Miss Magnet were, until recently, in charge of the North Adams Hospital and resigned their positions in that institution to come to New York.

THE NEW YORK HOSPITAL ALUMNÆ ASSOCIATION has issued its annual report which gives the membership of the association as 345. Two members have died and eight have married. The club has 175 members, and the sick fund 91. All indebtedness on the club-house has been cancelled and the lease has been renewed for five years. The association has contributed \$103 toward the endowment fund of the Hospital Economics Course, and \$25 toward its current expenses. It has also purchased one share of JOURNAL stock. The attendance at the alumnae meetings has been increased.

THE HUDSON DISTRICT OF THE CHARITY ORGANIZATION SOCIETY has been giving nursing service for fourteen years and has said very little about it, so that the recently issued explicit report of the last year's nursing service is specially interesting. During the year the nurse employed has had under her care several hundred persons and has made 3000 visits. The territory in which her work lies is densely crowded in a portion of its area. In many homes great poverty exists. A large number of widows with children are under her care. There are also many women who are virtually widows for the reason that their husbands are either worthless or useless. Often the men are useless by no fault of their own, but are handicapped by having no trade or capacity for sustained work in any line. The women who are bread-winners stand much in need of the care of the nurse, both for actual assistance during sickness and for service at other times. A great many of these women are underfed, and are wholly unfitted to go out and do a hard day's work. Not that they complain. Oftentimes the nurse furnishes extra nourishment for the mother of the household and in more than one instance has been obliged to employ measures to compel a mother to partake of food herself rather than hand it over to her children. The work of looking after the children in these families covers a large range, and the majority of the cases of sickness occurs among the little children. Most of them are cared for in their homes and demand close attention and judicious care. From time to time others have to be placed in hospitals where they can receive appropriate treatment for a period, or occasionally for a prolonged stay. In the summer time it is part of the nurse's duty to arrange for outings for the children, and also for the mothers with young infants. She also accompanies small parties of boys and girls to the seashore during the summer months, and these day excursions are very greatly enjoyed by the children. She also engages in work that is constructive in character. Many of the children have a poor

start in life. It is of the utmost importance to rid them, if possible, of any disabilities from which they suffer. For example, it is frequently found that adenoids and enlarged tonsils obstruct the breathing and that when these are removed there is a marked upbuilding in the general health of the young people. The same is true of defective eyesight, and there are various defects and deformities which can be either cured or greatly helped by properly applied orthopædic appliances or treatments of a correctional nature. One of the functions of the nurse is to point out the importance of these things, and not only to combat the ignorance of those who do not realize the need of action, but also to overcome the inertia from which these people suffer. There are, of course, a great many cases where the nurse alone can be of use, and by virtue of her office she can render invaluable service. Sometimes it is thought that because people are poor they are necessarily lacking in refinement; rather the contrary is found to be true. Many of the women and girls find it well-nigh impossible to go for advice and treatments to the public clinics and other institutions unless the nurse is willing to accompany them and lend the support of her friendly face and hand. It is often a matter of great delicacy to secure the confidence and advise young girls in matters which closely relate to their lives and surroundings. It is the same in maternity cases. The nurse is of very great assistance to many poor women and comes very close to them, at such times, and remains a close friend thereafter during convalescence and by providing suitable clothing for the new-born infants. Altogether she is regarded as one of the most useful workers in the district. She is always busy. To succeed, the nurse must be well equipped professionally, enthusiastic, and fairly dedicated to her work. There is also a colored nurse employed to care for the colored families.

THE LAURA FRANKLIN TRAINING SCHOOL graduates have formed an alumnae, have become affiliated with the state and county societies, and have established headquarters under the name "The Laura Franklin Club." Their business calls go through the hospital and their meetings are held there also.

NEW YORK'S INADEQUATE AMBULANCE SERVICE is somewhat relieved by Bellevue's 60-miles-an-hour, perfectly equipped automobile ambulance, fitted with all sorts of emergency devices, heated by steam, and lighted by electricity.

THE RED CROSS DAY CAMP upon the roof of Vanderbilt Clinic has a plan to establish classes for the benefit of children in attendance, which has been approved by the Board of Education. This school, when established, will give the children of the West Side needing out-door treatment the same benefits and privileges enjoyed for some time by children on the East Side on the decks of the *Southfield*, at the Ninety-first Street dock. Indeed many of the West Side children have been attendants of that school during the winter and derived great benefit therefrom. Patients taking the open-air treatment on the *Southfield* are to have an opportunity to dig and delve; vegetable plots for the grown-ups, and flower beds for the children are being arranged at Bellevue.

THE NEUROLOGICAL INSTITUTE has, as set forth in its prospectus, for its object the establishment in the city of a reception and observation hospital having a capacity for about fifty patients, and a sanitarium in the country where the line of treatment indicated may be carried out. It is the hope of the trustees to have the sanitarium run on a co-operative plan. An important department will be that of the out-patient, where it is hoped to do much for the patient suffering with disorders of the mind, dependent now upon the clinic of the

general hospital. It is planned to have in addition to the attending physicians in the out-patient department and the residence staff, physicians who will come as resident students. It is thought by the governing board that the new institution will tend to develop a new type of specialized worker, "the trainer." The Board considers that the greater number of patients afflicted with nervous disease do not need a trained nurse, but some one who has had some practical training in dietetics and understands the underlying principles of nutrition, one who can give a tonic bath, teach proper breathing, one who can knead and rub, divert and distract, one who can teach point of view,—and the Board believes that the needs of children and adults, deficient and lacking in self-control, of those struggling to retain or regain a mental equanimity will be met by the trainers of the institution.

JUNIOR SEA BREEZE, now in its fourth year, has opened with additional accommodations for babies and a larger corps of visiting nurses, who will instruct mothers in the classes held daily at the camp. Excursions to Sea Breeze proper have begun and many a mother and babe toned up at Junior Sea Breeze are cured here.

STONY WOLD SANATORIUM issues its eighth annual report in a small booklet interestingly written and well illustrated. The sanatorium is situated in the Adirondacks on Lake Kushaqua and cares for women, girls, and little boys who are in the early stages of tuberculosis. The medical report is most encouraging; only one death occurred and most of the patients left the sanatorium in an improved condition. "Almost all of the ex-patients who were apparently cured on discharge have done well since leaving the sanatorium, and very many of them are earning their living or taking care of their own homes. The arrested cases do not, of course, show as good post-discharge results; nevertheless many of them are at work and some have gone on improving and are apparently well." . . . "The fifth year of Stony Wold Sanatorium has been one of great anxiety. First came the panic and then forest fires. The stringency of the money market made the first six months of the year a time never to be forgotten. Like all other charitable institutions, Stony Wold had great difficulty in securing funds to care for the large number of patients who applied for admission through the winter and at one time it was feared it would be necessary to close the dormitory in order to reduce the expenses, but this would have deprived forty-eight women of the chance of regaining their health. When this plan became known, the patients decided to do all in their power towards reducing expenses. A number of servants were dismissed and this work was divided among those patients recommended by the physician in charge as being in suitable condition to assume such duties. Economy was diligently practiced in each department, but this was not done without much sacrifice, as it meant hard work and longer hours. The doctors, nurses, servants, and patients seemed to have but one object in their minds, namely, that the institution must be kept open and in operation. Perhaps one of the most gratifying results of Stony Wold's five years of work was the receipt of a medal from the Committee on Awards of the International Congress. This medal was given for business management, and the method of raising money through auxiliaries. The medical superintendent also received a gold medal for a leaflet for distribution among school teachers. After seeing the vast number of elaborate exhibits from all over the world, Stony Wold was much gratified at the above recognition."

Blackwell's Island.—THE METROPOLITAN HOSPITAL TRAINING SCHOOL held its commencement exercises on the afternoon of May 29. The opening of the new home for nurses on May 17 was an event which marks an epoch in the history of the school. The building, a massive gray stone structure, is located on the north end of the Island, with spacious and beautifully laid out grounds and a splendid view of the East River. The first floor is entirely given over to reception hall, dining-room, library, lecture rooms, and offices. All bedrooms are single, and as there are three bedroom floors each class will have its own floor and lounging room. The Hon. Robert W. Hebberd, commissioner of public charities, presided at the exercises. Addresses were made by the following: Mrs. William Kinnicutt Draper, president Board of Managers of the school; Hon. William Rhinelanders Stewart, president State Board of Charities; Hon. Joseph H. Choate, president State Charities Aid Association; Dr. Royal S. Copeland, dean New York Homœopathic Medical College; Dr. St. Clair McKelway, vice-chancellor Board of Regents.

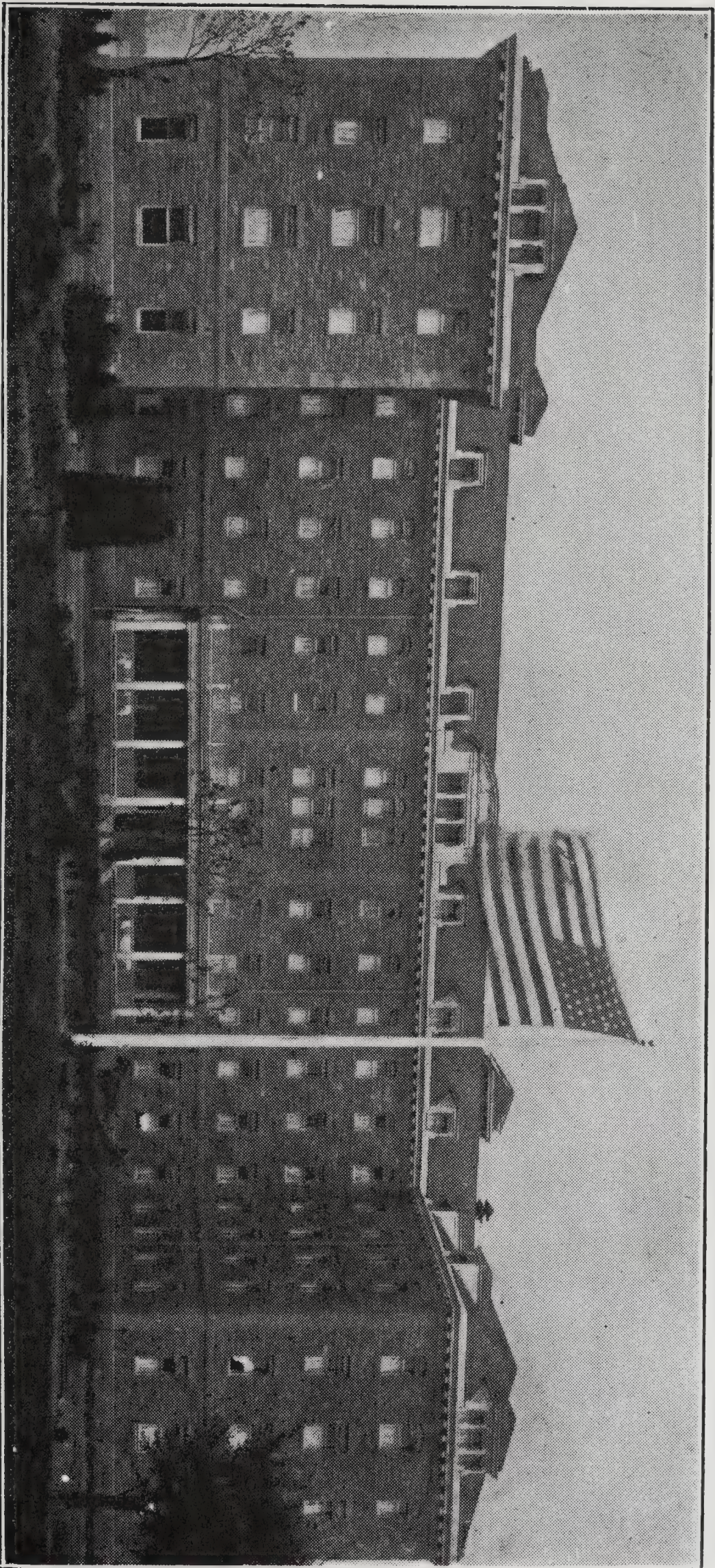
Brooklyn.—THE BROOKLYN HOSPITAL TRAINING SCHOOL held its graduating exercises on the afternoon of June 2 on the broad veranda of the training school building. The address was given by Owen R. Lovejoy, general secretary of the National Child Labor Committee, on the subject "The Nurse in the Field of Social Service." The Hypocratic Oath was administered by Henry F. Noyes, president of the Board of Trustees, and the badges were presented by the superintendent of nurses, Mrs. Margaret L. Rogers, R.N. There were twelve graduates. One is a Japanese young woman who has made a good record in the school and who hopes to take graduate work in district, school, and social work before returning to Japan to take charge of a training school for Japanese women.

THE KINGS COUNTY HOSPITAL TRAINING SCHOOL held its tenth annual commencement on May 26 in the chapel adjoining the hospital. Thomas W. Hynes, deputy commissioner of public charities, presided. Addresses were made by Dr. J. M. VanCott, Rev. J. L. Woods, Controller Herman A. Metz, and Rev. Walter DeF. Johnson. The honor medal given by Miss M. O'Neill, a former superintendent, was won by Miss Philomene M. Crusoe. A reception and collation followed at the nurses' home. There were seventeen graduates.

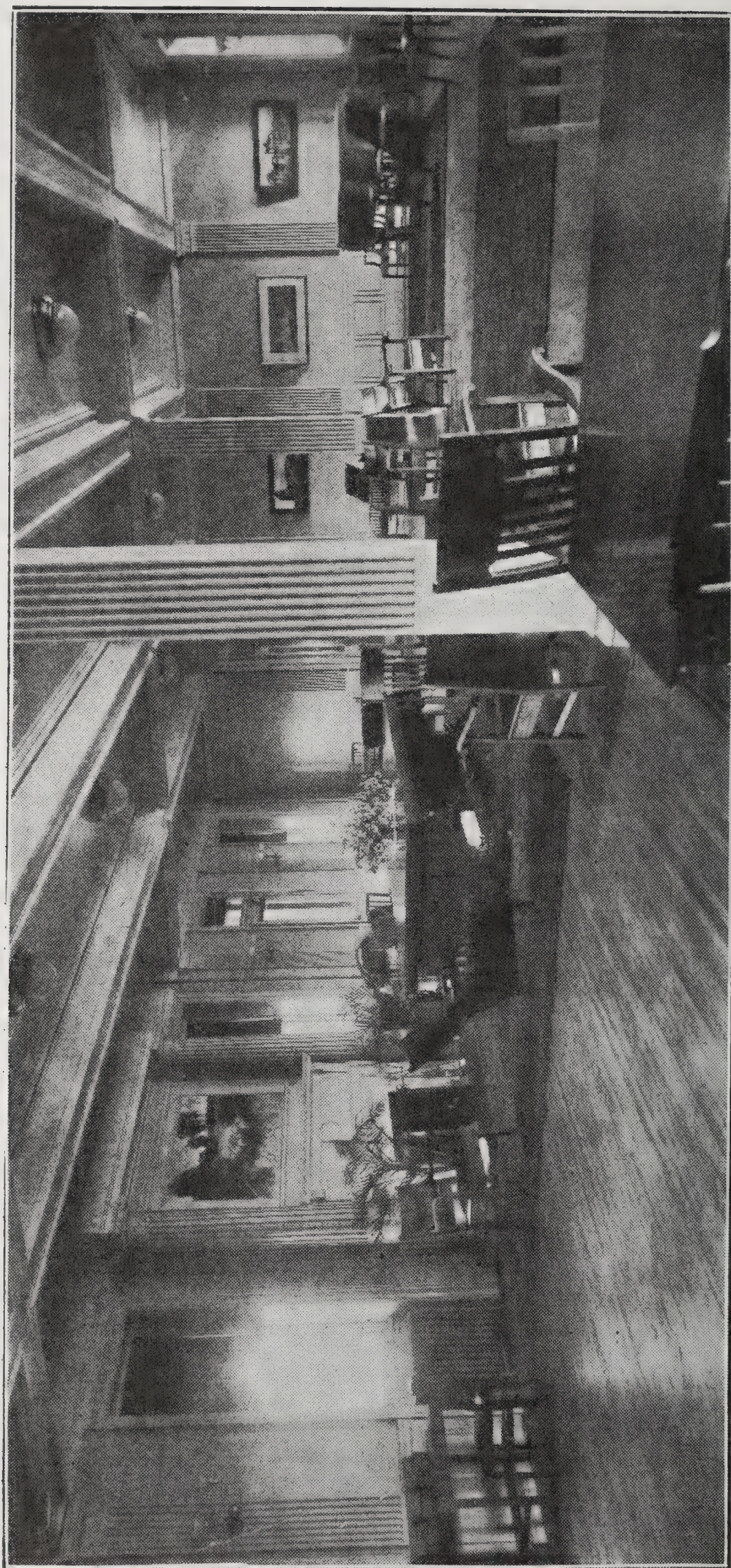
Yonkers.—ST. JOHN'S RIVERSIDE HOSPITAL SCHOOL OF NURSING held its twelfth commencement exercises in the Cochran Training School Lodge on June 10. Dr. David John delivered the address. The exercises were followed by a reception and dance. There were nine graduates.

Albany.—THE ALBANY HOSPITAL TRAINING SCHOOL held its graduating exercises on the afternoon of May 31 on the grounds at the east of the nurses' home. Rev. J. Addison Jones gave the address on "Ministrant Life." Two prizes for proficiency in clinical work were given by Drs. Edgar A. and James N. VanderVeer. These were won by Miss Birch of the senior class and Mrs. Fitzgerald of the intermediate class. A class tree was planted by the seniors. A reception followed at the nurses' home. There were twenty-two graduates.

Troy.—THE HUDSON VALLEY ASSOCIATION FOR TRAINING SCHOOL PROGRESS met at the Samaritan Hospital on May 8. Miss Arnold provided the program and presided. The discussions following the topics were interesting and instructive, these being the subjects taken up: How shall a superintendent



METROPOLITAN TRAINING SCHOOL FOR NURSES, BLACKWELL'S ISLAND, NEW YORK CITY.



RECEPTION HALL, METROPOLITAN TRAINING SCHOOL FOR NURSES, BLACKWELL'S ISLAND, NEW YORK CITY.

dismiss an undesirable probationer? Should probationers, when accepted, sign a contract? Should nurses, if ill when in training, be required to make up the time lost? Should a nurse leaving a school when in training be allowed any time in another school she may wish to enter or where they may be willing to receive her? Practical demonstrations of bed-making were given by Miss Arnold and Miss Schultze, superintendents of the Samaritan and Saratoga Hospitals. Miss Arnold also explained the apparatus and method of giving hypodermoclysis. Miss Shultze spoke of the value of continuous enteroclysis and explained the method of giving it. Short talks followed on room and bedding disinfection and on various nursing measures employed to induce urination. Miss Alline spoke of the new rule requiring candidates entering schools after September 1, 1909, to file their high school certificates with their application blanks. The meeting adjourned to meet July 10 at the Saratoga Hospital, Saratoga Springs. Delicious refreshments were served after which those present were taken through the hospital. The attendance was good, nearly all the hospitals in the section being represented.

Saratoga.—THE SARATOGA HOSPITAL NURSES' ALUMNÆ ASSOCIATION held a meeting at the hospital on May 3. Miss Schultze, superintendent of the training school, read an interesting article on "Social Service Work." A social hour followed which was participated in by this year's graduating class.

Schenectady.—THE ELLIS HOSPITAL ASSOCIATION issues its second annual report showing that 1003 patients were treated during the year. The number of beds has been increased to 103. There are thirty-two nurses in training and the course of study meets the requirements of the State Educational Department. Esther T. Jackson is superintendent of nurses.

Rome.—THE ROME HOSPITAL TRAINING SCHOOL held its graduating exercises on the evening of May 25 in Seegar's Academy. There were four graduates. Miss Newman, superintendent of nurses, read a report in which she stated that affiliation with the Hospital of the Good Shepherd in Syracuse had been arranged which would give the nurses training in the care of children, and that the seniors have been prepared for the examination for state registration. The school consists at present of eleven nurses. The members of the present class have done such good work in visiting nursing that one has been appointed to a permanent position by the health officer. Dr. Angenette Parry, of New York, delivered the address on the subject "Advantages of Registration for Nurses." The Florence Nightingale pledge was administered by Dr. A. A. Gillette. The pins were presented by Mrs. Charles E. Wardwell. The exercises were followed by dancing and refreshments.

Syracuse.—THE HOSPITAL OF THE GOOD SHEPHERD ALUMNÆ ASSOCIATION, at the annual meeting of the Board of Directors, elected the following officers: president, Irene M. Johnson; vice-presidents, Arvilla E. Everingham, Edyth M. McClure; secretary, Mrs. C. T. Brockway; treasurer, Mrs. William G. Hinsdale; historian, Edith W. Seymour. Mrs. Harvey D. Burrill represented the association at the Associated Alumnæ meeting, and Ida M. Marker, superintendent of nurses at the hospital, attended the Superintendents' convention.

Rochester.—THE HOMŒOPATHIC HOSPITAL held its graduating exercises on the evening of June 3 at East High School. The address was made by Rev. James B. Thomas. Thirteen nurses graduated.

NEW JERSEY

Orange.—THE ORANGE TRAINING SCHOOL ALUMNÆ ASSOCIATION held its regular meeting on May 19 at the home of Miss Coomber. At the close of the business hour a practical and interesting talk was given by Miss Louise Marsh, of the Presbyterian Hospital, New York, on "Present Methods of Nursing Typhoid Fever" in that institution. The meeting was largely attended and all expressed pleasure and appreciation.

AT THE NURSES' SETTLEMENT, on the evening of May 21 in spite of a bad storm, over fifty persons gathered to listen to Dr. Alexander Lampert, of New York, who gave a talk to the graduating class on "Inoculation of Typhoid." He first gave statistics showing the grave menace that typhoid fever is to every army in active service, and how greatly the disease has been controlled through the use of inoculation. Experiments made in the British Army were quoted as showing particularly satisfactory results. In other armies inoculation has been extensively used with most favorable results. The technic of typhoid inoculation is very simple and no bad effects, after twenty-four hours of headache with slight rise of temperature, may be expected. The soldiers are generally given forty-eight hours off duty for sick leave for the process, and the subject may be considered immune for about three years. So far this treatment has been confined quite exclusively to army use, but Dr. Lambert predicted that before long its value would be discovered as a valuable safeguard to physicians, nurses, and all others who come in close personal contact with typhoid patients during an epidemic of this dread disease.

On the same evening certificates were awarded to Cora May Peters, graduate of the Detroit General Hospital, and to Mary McElroy graduate of the Kingston General Hospital, who have just completed a three months' course in visiting nursing at the Settlement. Miss McElroy has accepted a position as visiting nurse in a settlement which has been recently established in Paterson. After the lecture there was an informal reception with light refreshments.

West Orange.—THE ORANGE BRANCH GUILD OF ST. BARNABAS FOR NURSES held its annual meeting June 11 at St. Mark's Church. At 10.45 new members were admitted; at 11 A.M. Holy Communion was celebrated by the chaplain, the Rev. F. Reazor. A business meeting followed at which about sixty members were present. All officers were re-elected: chaplain, Rev. Dr. Reazor; secretary, Mrs. W. R. Howe; assistant secretary, Miss M. M. Clark; treasurer, Mrs. d'A. Stephen; active delegate to the annual council, Miss H. M. Farnsworth; alternate, Elizabeth Pierson; associate delegate, Mrs. F. McGuire; alternate, Emma Condit. The annual report of the Sick Relief Association was presented by the secretary, M. Pierson, the annual meeting of the same having been held the day before. Only six benefits had been called for during the year, and the fund was in a most flourishing condition, great success having attended the efforts of those who had formed "circles" and worked hard to increase the capital account; about \$1250 having been raised by the various methods which had been resorted to. The fund now stands at about \$9600, besides the current account from dues, fees, and collections. It had been aimed to complete the sum of \$10,000. A luncheon was served by guild members and the ladies of the parish, and a most delightful social hour was combined, and brought to a close a reunion which could not have been equalled for its harmony and true fellowship.

MARTHA CLARK is spending the summer abroad. Grace Marr will visit friends in England during July. Miss E. Nicholls has left for Scotland to visit friends and relatives. Mrs. d'A. Stephen expects to be in England to attend the International Council of Nurses.

Paterson.—THE PATERSON GENERAL HOSPITAL held its annual graduation in St. Paul's Parish House on May 25. The old graduates of the school, dressed in white uniforms, headed the procession, followed by the pupils, the graduates coming last. The address of the evening was given by Rev. Canfield Jones. Mr. Hobart Tuttle also made a short address in presenting the diplomas. The presence of Mr. Peter Quackenbush was greeted with applause. He has recently given money for a new nurses' home, in memory of his wife. Surgical prizes were awarded Miss Wylie and Miss Marten. The evening closed with a reception and dance. There were eleven graduates.

THE PATERSON GENERAL HOSPITAL ALUMNÆ ASSOCIATION entertained the graduating class at a banquet on the evening of May 26. The annual meeting of the association was held on June 1, in the class room, about twenty-five being present. The following were elected officers: president, Florence Demarest; vice-presidents, Jean MacDonald, Mrs. Mary E. O'Neill; secretary, Susan Smith, Crooks Avenue; treasurer, Mary Lendrum; executive committee, Misses Welch, Ellis, Lendrum. A vote of thanks was given the retiring president, Miss Carmichael. The next meeting will be held the first Tuesday in October.

Bernardsville.—THE ASSOCIATION OF VISITING NURSES OF NEW JERSEY held its regular quarterly meeting on June 11 in the very attractive and cozy visiting nurses' home of the town. After the house had been viewed and admired, a business meeting was held during which a very able paper was read by the nurse in charge of the Newark Tuberculosis Day Camp, Eleanor M. Aschenbach, on "Public Health Legislation in the State." Afterwards, through the courtesy of members of the Board of the Visiting Nurse Association, a delightful drive of eighteen miles was enjoyed.

PENNSYLVANIA

THE BILL for state registration which was passed by the legislature and signed by Governor Stuart on May 1, reads as follows:

AN ACT to provide for state registration of nurses, to establish a state board of examiners in connection therewith, and to provide penalties for the violation of certain provisions regarding such registration.

Whereas the safety of the public is endangered by insufficiently trained and incompetent nurses in the absence of a law for the registration of those possessing the proper qualifications now therefore

SECTION 1. Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in General Assembly met and it is hereby enacted by the authority of the same, That within sixty days after the passage of this Act the governor shall appoint a State Board of Examiners for Registration of Nurses composed of five members, three of said members shall be physicians, two of whom shall be connected in an official capacity with public hospitals where nurses' training schools are maintained, and all of whom shall have practiced their profession in the state of Pennsylvania for at least five years immediately preceding the time of their appointment and the remaining two members

shall be nurses graduated from training schools connected with hospitals where practical and theoretical instruction is given in general surgical and medical nursing and who shall have been engaged in nursing for at least five years since graduation.

SEC. 2. The governor shall appoint the original members of said Board, one for one year, one for two years, one for three years, one for four years, and one for five years, and upon the expiration of the term of office of any member the governor shall likewise appoint persons with the above specified qualifications to fill the vacancy for a term of five years and until a successor is chosen. The unexpired term of any member caused by death, resignation, or otherwise shall be filled by the governor in the same manner as an original appointment. The governor may remove any member for neglect of duty, incompetence, or dishonorable or unprofessional conduct.

SEC. 3. The said Board, as soon as appointed and annually thereafter on a date to be fixed by the by-laws, shall meet for organization and shall also hold other meetings by call of the secretary upon written request of two members or under such other circumstances as may be prescribed by the by-laws. Three members shall always constitute a quorum. At such organization meeting the Board shall elect from its members a president and a secretary; the secretary shall act as treasurer.

The said officers shall be elected for a term of one year and until their successors are duly chosen, and all vacancies arising in said offices shall be filled by the Board in like manner for the unexpired term. The Board shall adopt a seal and shall establish by-laws and regulations for its own government and for the execution of the provisions of this Act. The secretary shall keep a record of all proceedings of the Board and also a register of all nurses registered under this Act, which register shall at all reasonable times be open for public inspection.

SEC. 4. The secretary immediately upon the registration of every nurse shall file in the office of the secretary of the Commonwealth under the seal of the said Board of Examiners an exact counterpart of the certificate issued to the holder thereof, and said counterparts shall be filed and indexed in the office of the secretary of the Commonwealth and kept by him for public inspection and information. If the secretary of the Board neglect to file said counterpart as aforesaid for more than twenty days from the date of issue of the corresponding certificate, unless prevented therefrom by sickness or other unavoidable inability, the said secretary shall be held guilty of a breach of duty and shall forfeit his or her membership and his or her offices in the said Board of Examiners.

SEC. 5. The secretary of the Board shall receive a salary not to exceed one hundred dollars (\$100.00) a year. All members of the Board shall receive five dollars (\$5.00) a day for each day actually engaged in the transaction of official business, together with all actual expenses incurred as aforesaid. All expenditures of the said Board shall be paid from the fees received thereby under the provisions of this Act and said expenditures shall in no case be paid from the state treasury. The treasurer of the Board shall give bond in such sum as may be fixed by the by-laws, which bond shall be subject to the approval of the state treasurer. The said treasurer shall pay the necessary and current expenses of the Board and may retain in the treasury a sum not exceeding one thousand dollars to defray the ordinary expenditures, but all moneys exceeding the said

sum of one thousand dollars shall be paid by the treasurer of the Board to the state treasury. The said Board shall have no power to fix prices or in any way control the compensation received by the registered nurse.

SEC. 6. As soon as appointed in the year one thousand nine hundred and nine and subsequently at least once every year at a time and place to be prescribed by said by-laws, the said Board shall meet for the purpose of examining applicants for registration under the provisions of this Act. Notice of such meetings shall be given in the public press and in one or more nursing journals at least one month prior to each meeting in a manner to be prescribed by said by-laws. At said meetings the Board shall examine all applicants for registration to determine their qualifications for the efficient nursing of the sick, said examination to be conducted in accordance with provisions of this Act and with the by-laws and regulations of the Board. Any applicant who shall pass said examination to the satisfaction of the Board shall receive therefrom a certificate of registration signed by the president and secretary of the Board or by at least three members thereof.

SEC. 7. No application for registration shall be considered unless accompanied by a fee of five dollars. Every applicant to be eligible for examination must furnish evidence satisfactory to the Board that he or she is twenty-one years of age or over, is of good moral character, and has graduated from a training school for nurses which gives at least a two years' course of instruction, or has received instruction in different training schools or hospitals for periods of time amounting to at least a two years' course as aforesaid and then graduated, and that such applicant during said period of at least two years has received practical and theoretical training in surgical and medical nursing.

SEC. 8. Any person with the above qualifications regarding age and character applying for registration before June one, one thousand nine hundred and twelve, who shall show to the satisfaction of the Board that he or she has graduated from a reputable hospital or sanitarium or training school where a systematic course of practical instruction in nursing has been given, or that he or she was at the passage of this Act a student in such an institution and afterwards graduated therefrom, shall be entitled to registration without examination upon payment of the fee of five dollars.

SEC. 9. Every nurse who shall receive a certificate of registration under the provisions of this Act shall be entitled to be styled and known as a "Registered Nurse" and it shall be unlawful for any other person to use said title or any equivalent thereof. But this Act shall not be construed so as to affect in any way the right of any person to nurse gratuitously or for hire, the purpose of this legislation being to secure registration to those nurses only who are properly qualified therefor.

Nor shall anything herein contained be considered as conferring any authority to practice medicine or to undertake the treatment and cure of disease in violation of the laws of the Commonwealth.

SEC. 10. After one year from the passage of this Act it shall be unlawful for any person without said certificate of registration to profess to be a registered nurse or assume said title or to use the abbreviation "R.N." or any other letters or figures indicative of his or her being a "Registered Nurse." Every person who shall violate any of the provisions of this section or who shall wilfully make false representations to the said Board in applying for registra-

tion as aforesaid shall be guilty of a misdemeanor, and upon conviction thereof shall be sentenced to pay a fine of not less than fifty nor more than two hundred dollars for each offense and shall be disqualified for applying for registration for the period of five years from the commission of the offense. The said Board may institute and assist in any prosecutions under the provisions of this Act and may use the funds in the treasury of the Board in connection with such proceedings.

SEC. 11. The said Board may revoke any certificate of registration for sufficient cause in accordance with the by-laws and regulations of the Board, and the secretary shall cause the name of the holder of such certificate to be stricken from the roll of registered nurses in his or her own possession and in that of the secretary of the Commonwealth.

But such revocation shall only be by unanimous vote of the members of the Board after a full and fair hearing before the Board upon the question of revocation and after thirty days' notice of the time and place of said hearing and a copy of the charges preferred have been given to the holder of the certificate.

Philadelphia.—THE JEWISH MATERNITY HOSPITAL NURSES' ALUMNÆ ASSOCIATION at its annual meeting elected the following officers: president, Betty Chodowski; vice-presidents, Mrs. J. Rabonewitch, H. Wolfson; secretary, Mrs. Frederick Simon; assistant secretary, Henrietta McClellan; treasurer, Mrs. S. Belle Cohn. The association entertained this year's graduating class at a reception on May 18. At the commencement exercises, held on May 20 at the hospital, the alumnae gold medal was awarded to Esther Safro, of New York, for highest average in examinations. The Loncheim prize was awarded to Rose Leof for best practical work, Esther Goldsmith receiving honorable mention. All the members of the class have become members of the alumnae association.

THE HAHNEMANN HOSPITAL NURSES' ALUMNÆ ASSOCIATION, INC., held its annual meeting June 1. The following officers were elected: President, Louzetta E. Cornish; first vice-president, Adah M. Turner; second vice-president, Ellen Robinson; secretary, Helen B. Adams, 2027 Arch Street, Philadelphia, Pa.; treasurer, Fannie C. Livingstone.

THE HOWARD HOSPITAL NURSES' ALUMNÆ ASSOCIATION held its annual meeting at the hospital on May 19. Members of the graduating class were elected to membership. Officers for the ensuing year were elected: president, Hettie MacNab; vice-president, Ellen Mitchell; treasurer, Viola Woodward; secretary, Mrs. L. K. Roller, 936 South Fiftieth Street.

HOWARD HOSPITAL held graduating exercises on May 12. There were five graduates. Mabel Chermcide attained the highest average.

FLORENCE M. BIDDLE has resigned as chief nurse of the operating room to take a six months' course of graduate work at Bellevue. She is succeeded by Ellen Mitchell.

MRS. L. W. QUINTARD, who has for some years been the superintendent of the Visiting Nurse Society, is giving up her work and is retiring from active service. Her successor is Margaret Lehmann, a graduate of the Pennsylvania Hospital Training School, who resigned her position as superintendent of the Methodist Episcopal Hospital Training School, Indianapolis, to accept this call.

Uniontown.—THE UNIONTOWN HOSPITAL held its first graduation exercises at the First Presbyterian Church on May 28. The address and report of the hospital and training school were given by Dr. Eastman as president of the

hospital staff. An address was also given by Dr. Neff, of Masontown. There were eight graduates. The Hippocratic Oath was administered by the Rev. Mr. Spence. After the exercises there were a reception and dance at the Standard Club. The previous evening, Miss Wilson, the superintendent, entertained the graduates at dinner.

Wilkes-Barre.—THE CITY HOSPITAL ALUMNÆ ASSOCIATION gave a banquet at Memorial Temple on May 26 to all graduates and superintendents of the school in commemoration of its twentieth anniversary. Over one hundred nurses from the different classes were present and all had a delightful time.

Harrisburg.—THE HARRISBURG HOSPITAL TRAINING SCHOOL FOR NURSES held its fourth annual commencement exercises in Memorial Hall of the hospital on the evening of May 27. Rev. Marcus A. Brownson, D.D., of Philadelphia, delivered the address. Miss Clara M. Swank, superintendent of the training school, gave a very encouraging report of the progress of the school. The diplomas and school pins were presented by Gen. Thomas J. Stewart, Adjutant-General of Pennsylvania. The exercises were followed by a reception. There were six graduates.

THE NURSES' ALUMNÆ ASSOCIATION OF THE HARRISBURG HOSPITAL held its first annual meeting on May 28. The following officers were elected for the year: president, Almeda Morrison, Carlisle; vice-presidents, Mrs. Mary Haines, Anna Main; secretary, M. May Stoner; treasurer, Sara Butler. The chairmen of committees are: Arrangements, Mrs. J. Harry Steele; Press and Publication, Jessie McClure; Sick and Benefits, E. Viola Culbertson; Registry, Marguerite Eshelman; Visiting, Lilian Seibert; Auditing, M. May Stoner. Six nurses who graduated the night before were elected members of the alumnae association. Following the meeting the association gave the new members a reception and dance in the nurses' reception room of the hospital.

Wilkes-Barre.—THE CITY HOSPITAL ALUMNÆ ASSOCIATION gave a banquet at Memorial Temple on May 26 to all graduates and superintendents of the school in commemoration of its twentieth anniversary. Over one hundred nurses from the different classes were present and all had a delightful time.

DISTRICT OF COLUMBIA

Washington.—THE GRADUATE NURSES' ASSOCIATION at its May meeting voted to instruct its delegate to the Associated Alumnae that the association does not approve of nursing organizations, as organizations, taking any action on the question of woman suffrage. At a special meeting held May 19, a lecture was given by Mrs. Mary Gale Davis on "Psycho-physical Culture Rhythm, and Deep Breathing." A committee of the District of Columbia Red Cross Branch has proposed to the association that the list of Red Cross nurses be kept at the Central Registry, and in times of emergency or calamity the registrar shall collect the party to be sent into the field of work. For such service they offer to pay a certain fixed sum not yet decided upon. The association has referred the matter to the Registry Committee for action. The general feeling among nurses is that this work should be done gratis. The matter of organizing a club under the auspices of the association has been abandoned for the present. A lengthy discussion at the May meeting brought out the fact that the association was organized for the "improvement of the educational standard of nursing," etc., and that the club was purely a social affair. A goodly number of nurses are manifesting a deep interest in the club question, and it is expected that in the

fall a committee will be named who will work earnestly to form a stock company to erect a building suitable for nurses, including club rooms and registry offices.

THE SUM OF TWENTY-FOUR DOLLARS was raised by a few individual nurses toward the support at Starward Sanitarium of a graduate of Sibley Training School for Deaconesses who is a victim of tuberculosis.

THE EPISCOPAL EYE, EAR, AND THROAT HOSPITAL proposes enlarging its building, either by adding another story or a new wing. A committee has been appointed to have plans drafted and to secure ways and means to meet the cost. The work of this institution has almost doubled during the past year.

MARY ROSSER, R.N., graduate of Garfield Memorial Hospital, has again taken the position of matron at the Children's Country Home. Miss Kell, R.N., graduate of Garfield Memorial Hospital, will be her assistant.

THE RED CROSS DAY CAMP was opened for the season April 1, with nineteen patients present. The camp is located on the grounds of the new Municipal Tuberculosis Hospital. It is being supported by the proceeds from the sale of Red Cross Christmas Stamps. Accommodations have been arranged for white and colored patients. It has a capacity for about thirty people. This year it was found necessary to put in plumbing; an examination room and kitchen have been arranged for. Two physicians give volunteer service, alternating the days on which they visit the camp. At present more colored patients are attending than white. The camp idea is still so new, the patients do not entirely understand the scheme, and are still a little distrustful. Plans are under consideration for a night camp to accommodate patients who must work during the day. It is felt that this is especially needed in Washington because of the excessively hot nights. Plans are also being considered for a camp for the children of tubercular parents. The new Children's Clinic, which has just been organized in connection with the Tuberculosis Dispensary, is bringing to light a great many cases of children who either have the disease in an incipient form or have a tendency toward it, and who are living in an especially bad home environment. The object of the camp will be not only to take children having the disease but also to reach those belonging to tuberculous families who are in a run-down and weakened condition.

MARYLAND

Baltimore.—THE JOHNS HOPKINS HOSPITAL ALUMNÆ ASSOCIATION held its annual meeting on May 21 and elected the following officers: president, M. G. O'Bryan; vice-presidents, K. C. deLong, Mrs. R. H. Falles; recording secretary, Alice E. Henderson; corresponding secretary, E. J. Taylor; treasurer, Miss Kirkland; Board of Directors, Georgina C. Ross, H. Wilmer, Mrs. W. S. Thayer, G. Miller, M. E. Lent; committee on membership, M. Adelaide Nutting, Georgina C. Ross, Mary C. Bean; finance, H. Wilmer.

THE JOHNS HOPKINS HOSPITAL SCHOOL FOR NURSES graduated a class of thirty-seven on May 20. Miss Ross, superintendent of nurses, read her report of the school, and Dr. Lewellys Barker made the commencement address. Dr. Hurd, superintendent of the hospital, delivered the diplomas. Helen T. Holliday was awarded the scholarship to pursue graduate work at Johns Hopkins or at Teachers' College. On the following day, according to custom, the alumnae of the training school gave a luncheon to the new graduates.

STELLA SAMPSON, for some time assistant superintendent of nurses at Johns Hopkins, her own school, has been made assistant to Miss Noyes in St. Luke's Hospital, New Bedford, Massachusetts. Nancy Ellicott (Johns Hopkins), who was at one time in charge of the Church Home and Infirmary, has been appointed superintendent of nurses for the hospital soon to be opened in New York City in connection with the Rockefeller Institute.

THE UNIVERSITY OF MARYLAND NURSES' ALUMNÆ held its quarterly meeting on June 7 at the hospital and entertained the graduates.

ANNIE E. CHAPMAN, class of 1905, passed second in civil service examinations for service in Panama. Martha Hamlin, class of 1908, passed successfully an examination for service in the navy nurse corps.

THE UNION PROTESTANT INFIRMARY TRAINING SCHOOL held its commencement on May 18 with an address by Dr. Thomas Fitcher. There were ten graduates. Eleanor Bowman and Elizabeth Hanway were awarded scholarships, also Misses Caughy and Cronmiller in the intermediate, and Miss Reynolds and Mrs. Stoddert in the junior class.

THE MERCY HOSPITAL TRAINING SCHOOL held its annual exercises on May 25, in the College of Physicians and Surgeons. Rev. John Keating and Dr. William Spratling addressed the class. There were eight graduates.

THE MERCY HOSPITAL ALUMNÆ ASSOCIATION held its annual meeting on May 26 with a full attendance. The officers elected were: president, Martha A. Hartman; vice-president, Sadie A. Roe; secretary, Johanna W. Tuve; treasurer, Emma Kinhart.

THE CHURCH HOME AND INFIRMARY graduated a class of twelve on May 22. Miss Sharp, the superintendent of nurses, gave the annual report of the school, Rev. Arthur C. Powell made the address. There were twelve graduates.

THE HEBREW HOSPITAL TRAINING SCHOOL held its graduating exercises on May 19. Addresses were made by Dr. Hirsh and Dr. Hemmeter, and five graduates received diplomas.

ST. JOSEPH'S HOSPITAL graduated its senior class on June 3. Senator J. S. Biddeson gave the diplomas to the nurses, Sister Superior Mary Georgiana the school pins. Dr. Frank Kirby delivered an address to the graduates and music followed. The class comprised eight members.

THE BOARD OF HEALTH has appointed two nurses to have the inspection and oversight of all fumigation of buildings done by the Board. An office is opened for them in the City Hall Annex (its regular quarters), and the appointees are Ellen La Motte (Johns Hopkins) and Grace Brumbaugh (Episcopal Hospital, Philadelphia), both of whom have been for several years past on the staff of the Instructive Visiting Nurse Association.

Towson.—THE SHEPPERD AND ENOCH PRATT HOSPITAL TRAINING SCHOOL held its graduating exercises on May 25. The address was given by Dr. John B. Chapin, superintendent of the Pennsylvania Hospital for the Insane at Philadelphia. Dr. Chapin is said to be the oldest living physician in point of actual service in the treatment of the insane, having celebrated his half century mark a year ago. There were six graduates, four women and two men.

GOVERNOR CROTHERS has appointed, to fill the two vacancies which occur this year in the State Board of Nurse Examiners, Elizabeth Price (Maryland General Hospital), who is one of the Baltimore school nurses, and Mary E. Lent (Johns Hopkins), for several years the head nurse of the Instructive Visiting Nurse Association.

VIRGINIA

Richmond.—THE MEMORIAL HOSPITAL SCHOOL FOR NURSES began its commencement exercises on Sunday, May 23, when the baccalaureate sermon was preached by Rev. Robert W. Forsyth at historic St. Paul's. A public demonstration of practical work by the graduating class attracted a large audience on Wednesday evening. The closing exercises were held on Friday evening, May 28, in the amphitheatre of the Medical College of Virginia. The address was given by Professor J. A. C. Chandler of the Department of English at Richmond College. There were nineteen graduates. After the exercises an informal reception was held in the dental hall. The following day a dinner was given at the Jefferson Hotel by the president of the hospital to which the entire alumnae of the school was invited.

Norfolk.—THE ASSOCIATION OF REGISTERED NURSES held its annual meeting at St. Christopher's Hospital May 11. Many matters of interest to the members were discussed and the election of officers for the ensuing year took place: president, Mrs. J. M. Thompson; vice-presidents, Minnie Parker, J. McGoldrick, Claudia Copeland; secretary, Evelyn Smith; treasurer, Mary A. Young; legal advisor, Judge T. H. Willcox; medical advisor, Dr. R. L. Payne; chairman registry committee, L. McGoldrick; chairman credential committee, St. J. Eakins. There were sixteen members present.

Petersburg.—THE PETERSBURG HOSPITAL TRAINING SCHOOL held its eleventh annual commencement on May 18 at the Duncan Brown Memorial School. Dr. J. R. Beckwith administered the Hippocratic Oath and delivered the diplomas with a short and appropriate address. Professor A. K. Davis also made an address. There were four graduates. After the exercises a reception was given the graduates by the alumnae in the rotunda of the Dunlop Memorial of the hospital.

WEST VIRGINIA

Charleston.—THE CHARLESTON GENERAL HOSPITAL TRAINING SCHOOL held its commencement exercises on June 2. There were six graduates.

Fairmont.—THE CITY HOSPITAL TRAINING SCHOOL held its graduating exercises on May 20. There were eight graduates. Mr. W. J. Eddy delivered the address.

NORTH CAROLINA

Raleigh.—THE BOARD OF EXAMINERS OF TRAINED NURSES held its sixth annual meeting on June 22, 23, and 24.

KENTUCKY

Louisville.—THE LOUISVILLE CITY HOSPITAL TRAINING SCHOOL FOR NURSES held its annual commencement on June 3 in the auditorium of the Woman's Club, Dr. O. C. Dilly, superintendent of the hospital, presiding.

The exercises were simple and impressive. Dr. W. F. Boggess delivered a very fitting address, followed by Dr. E. L. Powell, pastor of the First Christian Church. Hon. Jas. F. Ghinstead, mayor of the city, presented the diplomas and Miss Nora Johnson, superintendent of the training school, gave the badge of the training school to each of the graduates, after which she read the class records,

making special mention of all pupils making an average of over ninety. Special honor medals had been offered to those making the highest general average in each class. These were won by Lela Francis Baggerly of the senior class and Roxana Mace of the junior class. The members of the training school alumnæ served as ushers, wearing white uniforms and the alumnæ badge. Music was furnished by the First Regiment Band.

THE DEACONESS HOSPITAL held commencement exercises for the class of 1909 on June 3, in the First Methodist Church. Addresses were made by Rev. Mr. Severinghaus, Dr. Coon, and Dr. Chenowith. There were eleven graduates. After the exercises a banquet given by the alumnæ was enjoyed.

THE NURSES' CENTRAL DIRECTORY governed by the Jefferson County Graduate Nurses' Club is rapidly increasing in numbers and in financial solidity. At the June meeting, the club voted to supply clinical charts to the private nurses.

OHIO

Cleveland.—THE VISITING NURSE ASSOCIATION is issuing a Quarterly, the second number of which has appeared. It is intended primarily as a means of keeping contributors to the Visiting Nurse Association in closer touch with the work of the nurses. An article on "An Experiment in Organization" describes the centralization and co-operation of all the charitable nursing work in Cleveland and its consequent efficiency.

FLORENCE I. ASHTON, class of 1906, Lakeside School for Nurses, succeeds Miss Hamer as head nurse of the gynæcological operating room Lakeside Hospital. Emma A. Hawley, class of 1907, sailed in April for Kuling, China, where she will do missionary work.

Dayton.—THE GRADUATING NURSES' ASSOCIATION OF DAYTON AND VICINITY held its monthly meeting at the Memorial Home May 19. Six members were present. Dr. Gertrude Felker read a paper on Milk Inspection and its Results. Four new members were admitted into the association. The following officers were elected for the coming year: president, Agnes Byrne; vice-presidents, Mary W. Christy, Helen N. Bridge; recording secretary, Mrs. Caroline Swartzel; corresponding secretary, Katharine P. Irwin; treasurer, Crete M. Zorn; counsellors, Gertrude Garrison, Lillian D. Githens. A social hour followed.

Toledo.—MISS E. M. HAMER has been appointed head nurse of the operating room at the Toledo General Hospital. She is a graduate of St. Michael's Hospital, Toronto, and has been serving as head nurse of the gynæcological operating room at Lakeside Hospital, Cleveland.

MICHIGAN

THE BILL for state registration which passed the house on April 8, the senate, May 19, and was signed by Governor Warner on June 1, reads as follows:

A BILL to provide for the examination, regulation, licensing, and registration of nurses and for the punishment of offenders against this Act.

The people of the state of Michigan enact:

SECTION 1. The governor shall appoint by and with the advice of the senate, four residents, either male or female, three of whom shall be graduated nurses, and one who shall be a registered physician of this state, who shall with the secretary of the state Board of Health constitute a Board of Registra-

tion of Nurses. Such appointees shall be chosen from the actual residents of this state and, except the registered physician, from nurses who have graduated from reputable training schools giving at least a two years' course of training, served in hospitals of good standing, and who have had five years' experience in nursing. In the event that the appointment of a successor is not made upon the expiration of the term of any member, such member of said Board shall hold office until a successor is duly appointed. The governor shall fill vacancies occasioned by death or otherwise and may remove any member for the continued neglect of duties required by this Act. Vacancies in said Board shall be filled in accordance with the provisions of this Act for the establishment of the original Board, and persons appointed to fill vacancies shall hold office during the unexpired portion of the term for which their predecessors were appointed. The four persons so appointed shall be appointed in two classes as follows: two shall be appointed to hold office for three years and two shall be appointed to hold office for six years, beginning with the first day of August, nineteen hundred nine, and until their successors are appointed, and thereafter the governor shall appoint on or before the first day of August of each third year persons qualified as aforesaid in each class to hold office for six years from the first day of August next ensuing. Within the meaning of this Act, a state registered nurse is defined as one who, for hire or reward, nurses, attends, and ministers to the sick or afflicted under the supervision and direction of a legally registered practitioner, and who has qualified for such calling or profession, except as hereinafter provided in section three, article four of this Act, through a regular course of instruction and practice in a recognized training school for nurses connected with a hospital, sanitarium, or state institution for the consumptive, insane, or feeble-minded and compliance with the further provisions of this Act.

SEC. 2. The members of said Board shall meet on the first Wednesday of November, nineteen hundred nine, at Lansing, and shall elect a president, vice-president, and secretary from their own number, each of whom shall hold his or her respective office for two years. This Board shall adopt rules and regulations not inconsistent with this Act to govern its proceedings, and shall adopt a seal of which the secretary shall have the care and custody. The secretary shall keep a record of all proceedings of the Board, including a register of the names of all nurses duly registered under this Act which shall be open at all reasonable times to public scrutiny. No less than three members shall constitute a quorum of said Board for the transaction of business. Said Board shall hold one regular meeting in each year, and such additional meetings at such times and places as it may determine. Notices of such meetings shall be published in two newspapers of general circulation in the state and in one nursing journal at least thirty days previous to such meeting. The secretary shall give to the state treasurer a bond in the penal sum of one thousand dollars, with one or more sufficient sureties to be approved by the governor for the faithful discharge of his or her duties.

SEC. 3. On and after the first day of December, nineteen hundred nine, all men and women engaged in the practice of professional nursing and all who may wish to begin the same in the state, except as hereinafter provided, shall make application to said Board to be registered and to be furnished a certificate of such registration. This registration and certificate shall be granted

to such applicants as shall give satisfactory proofs of being twenty-one years of age, of good moral character, and of having received the equivalent of a grammar school education. Each applicant shall comply with at least one of the following conditions:

Without examination:

1. The applicant shall be registered and shall receive a certificate of registration without examination, if he or she shall present a diploma issued before December first, nineteen hundred twelve, by a training school connected with a general hospital, state hospital, sanitarium, or special hospital, where a two years' course of training is required with systematic instruction in the hospitals, or from one or more general hospitals of good standing supplying a systematic training corresponding to the above standard.

2. The applicant shall be registered and given a certificate of registration without examination, if he or she shall have a diploma from a training school connected with the general hospital, sanitarium, or special hospital giving a two years' training; or prior to the year eighteen hundred ninety-five, if he or she has received one year's training in any of the aforesaid institutions under conditions satisfactory to the Board and who is engaged in professional nursing at the date of the passage of this Act, or has been engaged in professional nursing for five years after graduation prior to the passage of this Act: Provided, Such application shall be made before December first, nineteen hundred eleven.

3. The applicant shall be registered and given a certificate of registration after December first, nineteen hundred ten, who shall present a certified copy of or certificate of registration or license from another state of the Union where the requirements for registration shall be deemed by said Board to be equivalent to those of this Act, upon the payment of the usual fee for certificate.

With examination:

4. Any applicant who has pursued as a business the vocation of nursing for a period of not less than five years prior to the passage of this Act, and who presents to the Board a certificate stating that he or she is competent to give efficient care to the sick under the direction of a competent physician, said certificate to be signed by one registered physician and two registered nurses, shall be entitled to take such examination before the Board as may be deemed necessary to determine his or her fitness to give efficient nursing care to the sick, such application to be filed within the two years immediately following the passage of this Act.

5. After December first, nineteen hundred twelve, the applicant shall be registered and given a certificate of registration if he or she shall have a diploma from a training school connected with a hospital requiring a two years' course of training, with systematic instruction in a general hospital, state hospital, sanitarium, or special hospital in good standing, and upon passing such an examination before the Board at such time and place as it may designate and in accordance with the rules prescribed by the Board, which rules shall be furnished from time to time to any hospital, sanitarium, or special hospital applying therefor.

SEC. 4. Every applicant for registration under this Act shall pay a fee of ten dollars upon filing his or her application. Upon the issuance of a certificate of registration the nurse shall cause a copy thereof to be filed with the

county clerk of the county in which said applicant resides, with an affidavit of his or her identity as the person to whom the same was issued, and his or her place of residence at the time of examination and registration. He or she shall be prepared, whenever requested, to show his or her certificate of registration. The county clerk shall charge fifty cents for registering such license.

SEC. 5. It shall be the duty of the secretary of said Board to file with the secretary of state at least quarterly a list of all certificates of registration issued by said Board, with the names and residences of the persons to whom such certificates have been issued.

SEC. 6. All moneys received by said Board shall be paid to the state treasurer quarterly, and shall be credited to the general fund of the state, and a receipt for the same shall be filed by the secretary of said Board in the office of the auditor general. The incidental and the travelling expenses of said Board shall be paid from such fund only. The compensation of all members of the Board shall be at the rate of five dollars a day, together with all legitimate expenses, which shall be paid from the aforesaid fund, for each day actually engaged in attending meetings of said Board, and in no case shall any more be paid than was actually expended. The secretary shall receive extra compensation at the rate of one hundred dollars per annum, payable quarterly. A statement of the incidental and travelling expenses of the members of the Board shall be approved by said Board and sent to the auditor general of the state, who shall draw his warrant upon the state treasurer for the amounts due as in case of other bills and accounts under the provisions of law: Provided, That the amount so paid shall not exceed the amount received by the state treasurer from said Board in fees, as herein specified, and as much of said receipts as may be necessary is hereby appropriated for the compensation and expenses of said Board as aforesaid.

SEC. 7. Any person who shall have complied with the provisions of this Act and received a certificate of registration shall be styled and known as a "Registered Nurse," and be entitled to append the letters "R.N." to his or her name.

SEC. 8. Any person properly registered under the provision of this Act shall, before entering any service in that capacity, furnish a certificate of good health from a properly registered physician, showing that he or she is free from tuberculosis or any specific or infectious disease; said certificate to be renewed semi-annually.

SEC. 9. Any person who shall, after the passage of this Act, practice professional nursing as a registered nurse without first complying with the provisions of this Act, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not more than two hundred dollars or by imprisonment in the county jail for a period of not more than ninety days or by both such fine and imprisonment for each offense.

SEC. 10. When any person shall append the letters "R.N." or shall use any other letter, figures, or sign to indicate that he or she is a registered nurse, it shall be prima facie evidence of practicing professional nursing as a registered nurse within the meaning of this Act.

SEC. 11. This Act shall not apply to the gratuitous nursing of the sick by friends or by members of the family, nor to any person nursing the sick for hire, but who shall not in any way assume to be a registered nurse. It shall

not be construed to interfere in any way with religious communities having charge of hospitals or those who care for the sick in their own homes.

SEC. 12. Said Board shall have the power to revoke any certificate issued by said Board in accordance with the provisions of this Act and for the following causes: gross incompetency, violations of the provisions of this Act, dishonesty, habitual intemperance or any act derogatory to the morals or standing of the profession of nursing, as may be determined by the Board: Provided, That such revocation shall only be made upon specific charges in writing, under oath, filed with the secretary, and by a majority vote of the whole Board, a certified copy of such charges and thirty days' notice of the hearing of the same having been personally served upon the holder of such certificate. Said Board shall be authorized to furnish a list of the names and addresses of those whose certificates have been revoked to the Board of Examiners of other states upon the written request of such Board.

SEC. 13. All Acts or parts of Acts contravening the provisions of this Act are hereby repealed.

Saginaw.—THE MICHIGAN STATE NURSES' ASSOCIATION held its fifth annual meeting on May 25, 26, and 27. The business session of the convention opened at the auditorium at 2.30 o'clock with the president, Miss E. H. Parker, in the chair. After the usual opening exercises, followed by an address of welcome from Dr. George W. Stewart, mayor of Saginaw, and the response by Mrs. R. G. Wheeler of Port Huron, reports of committees were heard and the president made her address. This was a résumé of the year's work telling especially of the strenuous efforts made by the Committee on Legislation for the passage of the bill for state registration of nurses, and urging the interest and hearty support of every nurse in Michigan. Following the afternoon session Tuesday, the visitors were taken, in automobiles, to the Woman's Hospital, and from there to the Saginaw Club where the ladies of the Woman's Hospital Board held a reception for the delegates and visitors. A banquet was held in Hotel Vincent at 6 o'clock, given by the State Nurses' Association in honor of Representative N. C. Rice of St. Joseph, and Mr. F. C. Schneider of Grand Rapids. These two men were especially instrumental in securing the passage of the bill for state registration of nurses by the legislature, and the banquet was in the nature of an appreciation of their efforts. Following the banquet an informal reception was tendered the visiting nurses by the Saginaw County Medical Association and the local nurses. Wednesday morning after the disposal of routine business, Mr. F. C. Schneider addressed the meeting. He has been associated with the nurses of Michigan in their efforts for state registration from the first, and has been their adviser and staunch friend, untiring in his efforts in their behalf. He spoke of the work accomplished and of the work yet to be done, urging that each nurse feel a personal responsibility in helping to make state registration effective. Mrs. G. O. Switzer gave an interesting report of the meeting of the State Federation of Woman's Clubs, which she attended as a delegate from the State Nurses' Association. Interesting papers on "School Nursing" were given by J. Bessie Goodrich, of Grand Rapids, Martha Ayesworth, of Detroit, and Bessie C. Abbott, of Chicago. A drill in parliamentary law given by Mrs. W. H. Holden, of Detroit, was not only interesting but very instructive. The afternoon was devoted to sightseeing. A trolley ride about the city was provided by the Board of Trade. The Manual Training School,

the Michigan Employment Institution for the Blind, and the Saginaw General Hospital were visited, also the Davis Home for Nurses where an informal reception was tendered the visitors by the Board of Managers of the Saginaw General Hospital. At the opening of the evening session a telegram from Governor Warner was read, in which he stated he would approve the nurses' registration bill. This was received with great enthusiasm and a vote of thanks was sent to him. Lavinia L. Dock, R.N., of New York City, gave a most interesting talk on "What Organization has Done for Nurses." Because of her large experience in this line of work Miss Dock spoke with authority. Dr. F. W. Shumway, secretary state Board of Health, gave an admirable address on "The Professional Nurse and Her Relations to the Public Health Service." On Thursday morning the meeting of the association was preceded by a delightful organ recital by Mr. O. D. Allen, which was thoroughly enjoyed. After routine business Mrs. Holden conducted a drill in parliamentary law. Following this the announcement of the new officers was made by the tellers as the result of the election: president, Mrs. G. O. Switzer, Ludington; vice-presidents, E. N. Parker, Lansing, Margaret Moore, Jackson; recording secretary, Irene Van Pelt, Kalamazoo; corresponding secretary, Mrs. R. C. Apted, Grand Rapids; treasurer, Agnes Deans, Detroit. Chairman of committees: Ways and Means, Fantine Pemberton, Ann Arbor; Credentials, Jessie Lennox, Lansing; Nominating, Mrs. M. O. Foy, Battle Creek; Arrangements, Mrs. R. G. Wheeler, Port Huron; Printing, E. A. McLaughlin, Detroit; Councillors, Linda Richards, Kalamazoo, Isabel McIsaac, Benton Harbor. Agnes Deans was chosen as delegate to the associated alumnae meeting. A. M. Coleman, of Saginaw, was appointed delegate to the International Congress of Nurses to be held in London, England, in July. Miss Coleman and her associates were untiring in their efforts to give every one a cordial welcome, and all felt that to them they owed a special debt of gratitude for the kindnesses shown throughout the meeting. The next annual meeting will be held in Port Huron.

MRS. R. C. APTED,
Corresponding Secretary.

SAGINAW GENERAL HOSPITAL has a new nurses' home, the gift of Mr. and Mrs. Charles H. Davis. It is three stories high and, beside the bedrooms, bath rooms, and reception rooms which provide home comfort for the nurses, has a well-equipped class room and diet kitchen. It faces Bliss Park. The hospital has a three years' course with instruction, both theoretical and practical, in all departments. The contagious cottage is a separate building.

ANNIE M. COLEMAN, superintendent of nurses at Saginaw General Hospital, and her sister, Ada P. Coleman, will spend the summer in Europe, sailing from Quebec on July 2. They hope to attend the International Congress of Nurses. Helen E. Sellman, graduate of the University of Michigan Hospital, Ann Arbor, will act as assistant to Ida E. Proctor, who will fill Miss Coleman's place during the summer.

Ann Arbor.—THE UNIVERSITY OF MICHIGAN HOSPITAL ALUMNÆ ASSOCIATION has held seven meetings during the past year and will hold two more. Nine new members from among the recent graduates have been received. There have been some good papers on practical and ethical subjects, and letters have been received from graduates in different parts of the country describing their

different lines of work. Lavinia L. Dock, R.N., addressed the association in May. The last alumnae journal was sent out in July. Eight members attended the state meeting in Saginaw. All are rejoicing over the passage of the bill for state registration.

THE UNIVERSITY OF MICHIGAN HOSPITAL held its commencement exercises in Sarah Caswell Angell hall on May 19. Addresses were made by Dr. Reuben Peterson and by Miss Linda Richards. The diplomas were presented by President Angell of the University. A reception followed in the Barbour gymnasium. There were fourteen graduates.

MARY C. HAARER, superintendent of nurses at the University Hospital, has resigned and will take the course in Hospital Economics. Miss Haarer is a graduate of the class of 1900, and after doing private nursing for a time was made assistant superintendent and later superintendent, having been connected with the school for six years and giving most faithful service. The pupils and head nurses regret her resignation. Capitola Morley, night supervisor, has resigned; she is succeeded by Antoinette Light, class of 1901.

Kalamazoo.—BRONSON HOSPITAL held graduating exercises at the People's Church on June 2. A reception followed. There were eight graduates.

MISS LINDA RICHARDS, the first nurse to present herself for training in this country, has tendered her resignation to the managers of the Kalamazoo Insane Hospital, and as soon as her position can be filled will retire to private life, making her home with her sister in Providence.

MINNESOTA

Indianapolis.—REST HOSPITAL graduate nurses met at the hospital on May 27 to form an alumnae association. A committee was appointed to draw up a constitution and by-laws, to be read and voted upon at the next meeting, July 6, when officers will be elected.

ILLINOIS

Chicago.—THE ILLINOIS TRAINING SCHOOL FOR NURSES held its graduating exercises in the amphitheatre of Cook County Hospital. Thirty nurses were graduated; four of these had already completed the course of training and had gone from the school, the others taking part in the exercises. Following these a reception was held at the nurses' home. The following young women are the recipients of the scholarships and awards for 1909, assigned on a basis of total practical work, recitations, and conduct: Senior Class. First scholarship \$100.00 in gold, Lena Griep; second scholarship \$50.00, Anna Richardson. Sarah Hackett Stevenson award for proficiency in obstetrics, first prize \$25.00, Ethel Baker; second prize \$10.00, Louise Hostman. Koch-DeLee prizes for best paper on assigned subject in obstetrics, first prize \$25.00, Maud Lewis; second, third, and fourth prizes, DeLee's *Obstetrics for Nurses*, Ethel Baker, Grace Umberger, Louise Hostman, Lulu Hill, Frances Caldwell. Edith R. Keyes, 1908, expects to give up private duty and go to her brother's ranch, Portland, Oregon. Katherine Carlin, 1900, has completely recovered from an illness, and is engaged in school nursing. Misses Morse and Sigsbee are engaged in hospital work at the Phipps Sanitarium, Montclair, Colorado. Mrs. Clara Kelly, 1907, recently resigned her position as head nurse of the Children's Department, County Hospital; Gertrude

Bowens, 1901, will take her place. Sarah Peck resigned her position as sick nurse at the home and left for Paris with a former patient to be gone for six weeks; Ida Monney, 1903, succeeds her. Marion Pollock, 1901, was a recent visitor at the home, en route to Pasadena to care for her sister Jane Pollock who is ill at the Pasadena Hospital. Marie Lawrisch, 1904, sails for the Philippine Islands June 21, 1909, to engage in government work. Susan McConnell, 1904, has taken the position of school nurse at the Illinois Industrial School for Girls, Park Ridge, Ill.

THE PRESBYTERIAN HOSPITAL SCHOOL FOR NURSES held its graduating exercises at the nurses' home on June 2. Addresses were given by Rev. John T. Stone and Dr. B. W. Sippy. There were twenty-four graduates.

MERCY HOSPITAL TRAINING SCHOOL held its commencement exercises on June 9, at the Northwestern University, Evanston, of which it is a part. There were twenty-eight graduates.

THE PASSAVANT MEMORIAL HOSPITAL TRAINING SCHOOL held its graduating exercises in Trinity Lutheran Church on May 27. Addresses were given by Dr. M. L. Harris, Rev. William P. Merrill, and the charge to the class by Miss Hay, superintendent of the Illinois Training School. There were six graduates.

THE PASSAVANT HOSPITAL, in its annual report, tells of 1454 patients cared for during the past year, and dwells on its need of a new hospital, a nurses' home, and the wiping out of its indebtedness. Through the kindness of Mrs. George S. Isham three scholarships have been established for the training school of fifty dollars each, one for each class, to be awarded for the best entire record in practical work, class work, and conduct. One pleasant feature of the report is the mention of many trips and excursions arranged for the nurses during the summer by several of the hospital directors. Miss E. C. Glenn is superintendent of nurses.

PROVIDENT HOSPITAL held its graduating exercises on June 3, at Abraham Lincoln Centre. Addresses were made by Mr. George H. Webster, Dr. W. E. B. DuBois, and Miss Lavinia L. Dock, R.N. There were seven graduates.

INDIANA

Indianapolis.—THE NURSES' EXAMINING BOARD OF INDIANA examined twenty-five applicants in May, including three who failed in the November examinations. One failed in care of sick children, one in obstetrics, seven in physiology, one in materia medica, two in anatomy. Four attained a place on the honor roll.

The Examining Board will hold the annual meeting at Indianapolis in the State House, July 2. All members are requested to be present at 10.30 A.M.

EDNA HUMPHREY,
Secretary.

IOWA

Dubuque.—FINLEY HOSPITAL'S GRADUATING CLASS, ten in number, celebrated Florence Nightingale's eighty-ninth birthday on May 12. Sketches of Miss Nightingale's varied life were presented by the nurses, and a demonstration in practical nursing was given. Several interested friends of the hospital and the junior nurses were present. Light refreshments followed. On May 17 the graduating exercises were held in Summit Congregational Church, at which Dr. Frank Allport of Chicago gave the address. A reception followed. A large delegation of Iowa nurses went to the national conventions in Minnesota.

ARKANSAS

Hot Springs.—THE OZARK SANITARIUM held its graduating exercises on the evening of May 3 in the assembly room of the institution. The address was given by Hon. James R. Kenney, of Philadelphia. The evening closed with a reception. There were four graduates.

MISSOURI

St. Louis.—THE WASHINGTON UNIVERSITY HOSPITAL TRAINING SCHOOL FOR NURSES held its annual commencement exercises at The Odeon on June 10. The address was given by Dr. Herman Tuholske, the diplomas and badges were presented by the chancellor and dean of the University. There were six graduates.

THE ST. LOUIS TRAINING SCHOOL ALUMNÆ ASSOCIATION issues a paper called the *Quarterly Bulletin*, full of news items, announcements, etc. During its first year it was edited by Miss Shepherd, who is succeeded by Anna H. Metzger who is also corresponding secretary of the alumnae association. It states that over one thousand dollars has been subscribed to start a central registry and it is hoped to begin the work within a few months. A history of the bill for state registration is given.

COLORADO

Colorado Springs.—THE COLORADO SPRINGS NURSES' REGISTRY ASSOCIATION at its June meeting received five new members on three months' probation, two of whom are graduates of Deaconess Hospital and one from Glochner Sanitarium. Miss Winifred Lott, as delegate to the Associated Alumnae in Minneapolis, was instructed how to vote for this association. Mrs. Balkam, in appreciation of her services to the association for the past two years, was presented with a plated pie dish. She has ably carried the association over some very rough places. Susan S. Harris was appointed reporter to local and nursing papers. The next meeting was voted to be held in Stratton park, after which refreshments will be served. Those nurses who were able to go on the picnic to Camp Vigil as Rev. H. R. Remsens' guests on Decoration Day had a most enjoyable time. It is a beautiful spot and many expressed a wish to spend their vacation among the pines.

ALICE HARRIS has accepted a position in the Woodmen's Sanitarium.

TEXAS

THE GRADUATE NURSES' ASSOCIATION OF TEXAS held its third annual meeting at Temple May 5 and 6, with a large attendance. The morning of the first day was given up to business. The afternoon session was devoted to music and two papers, "The Hospital and its Relation to the Other Departments in the Texas State School for the Blind," by Miss Mallett, of Austin, and "Work Among the Tubercular Patients," by A. Louise Dietrich, of El Paso, Texas. A paper by Dr. Scott was also greatly enjoyed. A reception was given by Dr. and Mrs. Scott in the evening. The second day was given to an address by Rev. Mr. Hamlett on "The Life of Florence Nightingale;" a paper on "Private Nursing Ethics," by Miss Allen, of Fort Worth; music by Misses Ginwith and McCranery;

paper, "Nurse off Duty in Mexico," by Mrs. Ingersoll, and a paper on "Tuberculosis," by Dr. Gober. The meeting adjourned to meet in Galveston next May. The following officers were elected: president, Mrs. F. M. Beaty, Fort Worth; vice-presidents, Miss Bridges, Fort Worth, Miss Müller, San Antonio, Miss Van Doren, Belton; secretary-treasurer, A. Louise Dietrich, El Paso. Misses Brient and Carlton were elected members of the council.

WASHINGTON

Seattle.—KING COUNTY NURSES' ASSOCIATION met at the home of the registrar June 8, the president, Miss Loomis, in the chair. Mrs. Mary Farrall gave an interesting account of a case of purpura hemorrhagica which had lately come under her observation. Ten new members were admitted to the association.

JOSIE BROWN and Mrs. Hickey attended the meeting of the Associated Alumnae at Minneapolis. Mrs. C. F. Pearson has resigned her position as registrar and Miss L. MacMillan has been appointed in her place and has removed to 414 Boren Avenue.

THE SEATTLE GENERAL HOSPITAL held its graduating exercises in the First Presbyterian Church on June 4. Thirteen nurses composed the graduating class. Immediately following the graduating exercises the marriage took place of Miss Lillian Thompson, one of the class, to Mr. J. Armstrong.

CANADA

Toronto.—THE GRADUATE NURSES' ASSOCIATION OF ONTARIO held its sixth annual meeting on May 22 at the nurses' residence of the Hospital for Sick Children. At the afternoon meeting an address was given by President Falconer of Toronto University, a paper was read by Miss DeWitt, and a talk on registration was given by Miss Eastwood. A very interesting demonstration on the making of whey and on the handling and bathing of splint cases was given by Miss Potts, assistant superintendent of the Children's Hospital, and two assistants. At the evening session addresses were given by Mr. John Ross Robertson and Mrs. Torrington, and a paper on "New Treatment of Various Diseases" was read by Miss Jewison. A recitation was given by Miss Carter. The officers elected were: president, Mrs. Currie, Toronto; vice-presidents, E. Deyman, Hamilton, H. Hollingsworth, St. Catharines; treasurer, Mary Gray; recording secretary, Julia Stewart; corresponding secretary, Edith Hargrave; directors: Misses Brent, Matheson, Potts, Muldrew, Barnard, Neilson, McNeill, Jameson, Wardell.

THE TORONTO GENERAL HOSPITAL held its closing exercises in the amphitheatre of the hospital on the evening of June 10. Addresses were made by J. W. Flavelle, LL.D., and Dr. K. McIlwraith. A reception followed the exercises. There were twenty-three graduates. Scholarships and prizes were won as follows:

Scholarships, senior year: The C. C. Scholarship (\$50), general proficiency, E. Nora Campbell; the J. B. Patterson Scholarship (\$50), surgical technic and aseptic surgery, Bertha M. Gibbons; the Alumnae Association Scholarship (\$25), practical essay on "The Effect of the Training School on the Individual," E. Nora Campbell.

Prizes, senior year: the O'Reilly Prize, Sara Brick; the Walter S. Lee Prize, Nellie Thomson; the R. L. Patterson Prize, Flora C. MacIver; the J. N. E. Brown

Special Prize, Practical Nursing, Kate Rowe; special prize, operating room technic, Mary A. Totten Smith; the Mrs. R. B. Hamilton special prize for neatness and order in bedroom, Nellie Thomson.

Scholarships, intermediate year: the Mrs. W. T. White Scholarship (\$50) for general proficiency, Marion E. Miles; the John H. C. Durham Scholarship (\$25), for deportment and ethics, Charlotte MacKenzie; the Arthur McCullum Memorial Scholarship (\$50), in the Junior Year for general proficiency, Minnie Agnes Best.

MISS SNIVELY, lady superintendent Toronto General Hospital, has received the following letter from London, England: "The king has graciously acceded to the request of the Canadian National Association of Trained Nurses, and given you permission to place a wreath on Queen Victoria's tomb at Frogmore Mausoleum." The above ceremony will be performed on July 24 by Miss Snively, president Canadian National Association of Trained Nurses.

MISS SNIVELY of the Toronto General Hospital and Miss Brent of the Children's Hospital expect to be present at the International Council of Nurses in London in July. The Canadian delegates of the Ontario association are instructed not to endorse the suffrage movement.

BIRTHS

ON April 12, at Susquehanna, a son to Mr. and Mrs. Albert L. Fritz. Mrs. Fritz was Florence Stockbower, class of 1900, Paterson General Hospital, Paterson, N. J.

ON May 29, at Tomahawk, Wisconsin, a daughter to Mr. and Mrs. John J. Flynn. Mrs. Flynn was Selina Chanwin, class of 1905, Illinois Training School, Chicago.

MARRIAGES

CLARA RITTERSPAUGH, class of 1908, Lakeside School for Nurses, Cleveland, to J. H. Hewitt, M.D., Lynnhaven, Va.

ORA HAMILTON, class of 1904, Lakeside School for Nurses, Cleveland, to Carl H. Lenhart, M.D. Dr. and Mrs. Lenhart will live in Cleveland.

LILLIAN G. PHELPS, class of 1905, Lakeside School for Nurses, Cleveland, to G. F. Buch. Mr. and Mrs. Buch will live at St. Thomas, Ontario, Canada.

AT Omaha, Nebraska, Edith Parker Norris, class of 1904, Paterson General Hospital, to Robert Edward Swain. Mr. and Mrs. Swain will live in Chicago.

ETHEL CROUSE, class of 1907, Lakeside School for Nurses, Cleveland, to P. H. Kilbourne, M.D. Dr. and Mrs. Kilbourne will live in Westerville, Ohio.

ON April 7, Mertie Frances Mastin, class of 1907, Children's Free Hospital, Louisville, to Walter B. Hutshing. Mr. and Mrs. Hutshing will live in Oakland, California.

ON June 9, in St. Vincent's Church, Chicago, Loretta Doherty, class of 1906, Columbia Hospital, to Joseph Hanley. Mr. and Mrs. Hanley will live at Terre Haute, Indiana.

ON May 18, in New Haven, Conn., at the home of Rev. and Mrs. E. L. Wisner, Elsie M. Vaughan, of Quebec, class of 1903, Orange Training School, to Albert E. Osborn. Mr. and Mrs. Osborn will live in St. Gabriel de Brandon, Quebec.

DEATHS

MRS. MARY T. MORGAN died suddenly March 12. She was a graduate of Paterson General Hospital, class of 1902.

ON May 4, Lou Burleyson, of Dansville, Virginia, a member of the Dansville Nurses' Club. Miss Burleyson was a capable, tireless nurse, unselfishly devoted to her work, the soul of honor, gentle, helpful, and patient. She will be greatly missed by her friends and associates.

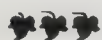
ON March 31, at Lexington, Ky., Margaret Dolly Angus, graduate Royal Infirmary, Hull, England, member of the Queen's Royal Nursing Corps and of the Kentucky State Association of Graduate Nurses, from pneumonia following typhoid fever, contracted while on duty in an epidemic.

MRS. LAURA LITTELL BRUCE who was Laura Littell, a graduate of the Indianapolis City Hospital, died recently at her father's home in Jeffersonville, Indiana. Mrs. Bruce has been an invalid for some time, but died quite suddenly. She was greatly admired and loved by all who knew her.

ON March 12, Mrs. Mary T. Morgan, class of 1902, Paterson General Hospital; class of 1908, Pennsylvania Orthopædic Institute and School of Mechano-therapy. Mrs. Morgan was an excellent nurse and possessed great mental ability as well as warm sympathies. She will be greatly missed by her sister nurses.

ON May 14, at his home in Pittsburg, William R. McNaughton, from pneumonia, at the age of thirty-five. Mr. McNaughton was a graduate of the Western Pennsylvania Hospital Training School and had been for several years treasurer of the Allegheny County Society and of the Pennsylvania State Association. He was most faithful in the discharge of his duties and was an esteemed and worthy member of his profession. His associates feel that his death is a serious loss to the community.

PRACTICAL SUGGESTIONS



THE bulletin published by the New York State Museum on "Control of Household Insects," written by Ephraim Porter Felt, contains much that is useful for the housewife and the nurse, and we quote extracts from its pages for the benefit of our readers.

House Fleas.—These occur upon the cat and dog and may be found about their sleeping places. The eggs are laid in such places. The larvæ feed upon organic matter in cracks and crevices. The flea is most prolific and the closing of a dwelling during warm weather affords it a chance to multiply. To control them, exercise care about the sleeping places of domestic pets. Provide a mat or blanket. This should be taken up frequently, shaken, and the collected dust burned. An animal known to be infested with fleas should have fresh pyrethrum powder rubbed into the hair. This will stupefy the pests, causing them to drop off; they should then be swept up and burned. Dusting hosiery with pyrethrum powder has been found effective in preventing flea bites. To destroy large numbers, sprinkle the floor of a room with flake naphthalene and close the room for twenty-four hours, or fumigate with hydrocyanic acid. To catch a small number of fleas, place a white cloth on the centre of the floor; when the fleas are attracted to it, they may be caught with a wet finger and put into water.

Bedbugs.—These are especially likely to be found in old houses where cracks and crevices abound and where wooden beds are found. They may occur on boats and in sleeping cars. They feed on mice as well as on man, and this may account for their appearance in uninhabited houses. Other species live in swallows' nests and another appears on chickens. The eggs of the bedbug are deposited in cracks, in batches of from six to fifty. The insect can be controlled in old dwellings only by extreme vigilance. Cracks and crevices should be stopped, and the joints of wooden beds treated with kerosene, benzine, or hot water. The daily inspection and destruction of the bugs found will eliminate them in time unless there are inaccessible crevices. A room badly infested may be fumigated with sulphur for twenty-four hours. Fumigation with hydrocyanic acid is more effective but more dangerous. Ants and cockroaches are natural enemies to bedbugs and feed upon them, but are hardly more welcome than their prey.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

THE WORLD I LIVE IN. By Helen Keller. The Century Company, New York.

"I dare not ask why we are reft of light,
Banished to our solitary isles amid the unmeasured seas,
Or how our sight was nurtured to glorious vision
To fade and vanish and leave us in the dark alone.
The secret of God is upon our tabernacle;
Into His mystery I dare not pry. Only this I know:
With Him is strength, with Him is wisdom,
And His wisdom hath set darkness in our paths.
*Out of the uncharted, unthinkable dark we came,
And in a little time we shall return again,
Into the vast, unanswering dark.*"

We have come to accept the marvellous with great calmness and in these days motor-cars, air ships, and wireless telegraphy are taken as matters of fact which arouse enthusiasm in a luke warm degree only. Truly men must wait till they have been dead a hundred years before they win the appreciation of their fellows. For this reason it must be that one hears so little of the intellectual achievement of Miss Helen Keller whose charming little volume of essays has been so quietly received. When one reflects that her life means the production of a new language, a novel and hitherto unknown means of communication between those who are shut out from the ordinary world by the loss of three senses, one realizes what this modest little book means. The book consists of a series of delightful little essays on various subjects, but relate chiefly to her use of the senses of taste, touch, and smell; and her method of making analogies of sense perceptions, so that those which she has may inform her of those that she lacks. The tone of the book is cheerful and courageous; an unanswerable evidence that it is the mind that sees, and that to Miss Keller, blind and deaf, the world appears very much what it does to the rest of us. Miss Keller has perhaps superior opportunities for thought

and reflection, and thanks to her own intelligence and the inventive genius of her teacher she has a means of speech intelligible to all.

One of the essays on "Dreams" shows that the Sandman recognizes no difference between the blind and the seeing child. The dreams that Miss Keller had in her early years are the same we all know,—the being tracked down by the nameless thing which we can't see but which we describe down to its hair and whiskers, the hairbreadth escapes which we accomplish by waking up when there is no loophole of escape, and the trains we would have caught if some call had not put an end to the race,—all the riotous imagination that belongs to dreams you find in those of Miss Keller.

In one part of her experience she is unique. She was by her isolation delayed in the usual childish awakening to consciousness, and where the majority of children, if not all, forget the experience of each day as another succeeds it, she was of an age to analyze and remember her own experience. She notes also the tremendous power of heredity. "The child, the deaf-blind child, has inherited the mind of seeing ancestors. A mind furnished with five senses. Therefore he must be influenced even if unknown to himself by the light, color, song which have been transmitted through the language he is taught, for the chambers of the mind are ready to receive that language."

She steps beyond the petty limits of every day conditions and claims "the larger sanction," the argument of philosophy. "There is an Absolute which gives truth to what we know to be true, order to what is orderly, beauty to the beautiful, touchableness to what is tangible. If this is granted, it follows that the Absolute is not imperfect, incomplete, impartial. It must needs go beyond the limited evidence of our sensations and also give light to what is invisible, music to the musical that silence dulls. Thus mind itself compels us to acknowledge that we are in a world of intellectual order, beauty, and harmony. . . . Thus deafness and blindness do not exist in the immaterial which is, philosophically, the real world, but are banished with the perishable, material senses. Reality, of which visible things are the symbol, shines before my mind. While I walk about my chamber with unsteady steps, my spirit sweeps skyward on eagle wings and looks out with unquenchable vision upon the world of eternal beauty."

The book closes with a prose poem of wonderful beauty. The first stanza of it has been used to introduce this brief notice of Miss Keller's book. It is in part a paraphrase of some lines from the Book of Job. If this is the author's first attempt at poetry one is inclined to entertain great expectations of what she may do in the future.

HEALTH EDUCATION LEAGUE BOOKLETS. The Health Education League,
113 Devonshire Street, Boston.

	Each	Per Hundred
1. "Hints for Health in Hot Weather"	2c.	\$1.50
2. "Milk," by Chas. Harrington, M.D.	3c.	2.50
3. "Colds, and Their Prevention"	2c.	1.50
4. "Meat and Drink," by Ellen H. Richards	3c.	2.50
5. "Healthful Homes"	4c.	3.00
6. "The Successful Woman," by W. R. Woodbury, M.D.	4c.	2.50
7. "The Boy and the Cigarette," by H. S. Pomeroy, A.M., M.D.	5c.	3.00
8. "The Care of Little Children," by R. W. Hastings, A.M., M.D.	3c.	2.50
9. "The Plague of Mosquitos and Flies"	2c.	1.00
11. "Tonics and Stimulants," by Ellen H. Richards	2c.	1.50
12. "Emergencies," by Marshall H. Bailey, M.D.	8c.	5.00
13. "Microbes, Good and Bad," by Anne F. Rogers	4c.	3.00
15. "The Efficient Worker," by Ellen H. Richards	4c.	2.75
16. "Sexual Hygiene"	4c.	2.50

This series of little health tracts may be had packed in a neat box or a single subject may be obtained in prices as quoted above.

Of these the most practical and suitable to the class in need of instruction are those by the women writers, Mrs. Ellen H. Richards and Miss Anne F. Rogers, after whom we may place H. Sterling Pomeroy, A.M., M.D., who writes on "The Boy and the Cigarette," who uses arguments known to influence boys,—the danger of cutting off chances for army and navy life, the tendency to dwarf the boys physically and mentally (boys hate and fear to be classed as "wanting"), and finally giving practical advice to those who wish but do not know how to break the habit.

Some of the others contain useful hints but nearly all go over the heads of those who ought to be reached by them, and are too scientific for the masses. True there is in each some simple truth plainly stated, but the grain of corn is mostly hid in a bushel of chaff and the books are arranged so that the all-important fact is apt to come in at the end after several pages of historical and statistical matter which tends to choke off the reader before he reaches the point of the subject. This is especially true of "Tuberculosis" by E. O. Otis, M.D., one of the latest published tracts. The tract on "Sexual Hygiene" fails to show the way to parents and teachers who would fain help the children committed to their care but who must needs go uninstructed because parents do not know how to approach the subject any better than do the children's teachers.

The Health Education League has made a good start and no doubt in time will evolve a way to come in touch with the people they wish to reach.

TONO-BUNGAY. By H. G. Wells. Duffield & Co., 36 West Thirty-seventh Street, New York.

This book, like the earlier "Kipps" by the same author, is said by literary gossip to be autobiographic. One can scarcely believe, however, that it is other than a fancy sketch. The rise and fall of the famous patent medicine "Tono-Bungay" and the fluctuations it caused in the fortunes of Mr. Edward Ponderevo, his wife, and his nephew give Mr. Wells the chance he dearly loves of showing the British public alternately in the rôles of the humbug and the humbugged. Mr. Wells loves to lift the veil from mysteries and open the closets which hold the family skeleton and generally expose the cheapness of our little game. Business, so long a sealed book to the uninitiated for instance, here becomes a sport of chance—the exploitation of some simple old prescription makes a pathway of gold for Mr. Ponderevo to lead his wife to the land of heart's desire (she prefers a tea gown, a sofa, unlimited subscription to a circulating library, and all the tea cakes she fancies); the mad rush of financiers of the Ponderevo type to get "in with him" once his success becomes apparent, the haste with which they forsake him when misfortune tracks him down once more. Business appears shabby and sordid enough as Mr. Wells shows us the vital processes of its workings. While the book is English, in its essentials it knows no country and no family. The vulgar side of life as shown here is not confined to English class-ridden folk; even in this land of freedom and equality conditions exist that might parallel those in Tono-Bungay.

PRACTICAL DIETETICS, WITH REFERENCE TO DIET IN DISEASE. By Alida Frances Pattee, Graduate Boston Normal School of Household Arts; Late Instructor in Dietetics to Bellevue Training School for Nurses, Bellevue Hospital, New York; Special Lecturer at Bellevue, Mt. Sinai, Hahnemann, and Flower Hospitals, New York City, and St. Vincent de Paul Hospital, Brockville, Ontario. Fifth Edition. 12mo cloth. 300 pages. Price, \$1.00 net. A. F. Pattee, Publisher, 52 West Thirty-ninth Street, New York.

This book has so often been reviewed in these pages that it only needs a call to the reader's attention, as it appears in its fifth edition.

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THE AMERICAN JOURNAL OF NURSING

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EDITORIAL COMMENT



A TEMPORARY CHANGE IN THE EDITORIAL OFFICE

MOST unexpectedly, the Editor-in-Chief was bidden by the JOURNAL Directors to attend the International Congress of Nurses to convene in London July 20.

The associate editor was taking a much-needed vacation, so the business manager was hurriedly transferred from the Philadelphia office, to the editorial headquarters to assume the JOURNAL and family responsibilities during the absence of the Chief. This was made possible by the close and cordial affiliation of the two departments which has been so great a factor in the JOURNAL's success. As there was much of the detail of the editorial office about which she could not be instructed, for such omissions or errors as may occur the business manager craves the indulgence of our ever-considerate readers.

ASSOCIATED ALUMNÆ LESSONS

HAVING had the privilege and great good fortune to attend the late convention of nurses in Minneapolis, unattached, so to speak, with nothing particular to attend to, nothing to distract, just to listen and note the trend of things as the business was transacted or the papers read and discussed, it soon became very apparent that several points in nursing education stood prominently out, or were the dominant notes that pervaded the atmosphere of the assembly and were constantly being struck by the advanced minds, the leaders, and the teaching body.

SPECIAL TRAINING AND THE TIME TO BE DEVOTED TO IT

The necessity for special training in the care of obstetric cases, throat and nose, eye and ear, nervous and insane, tuberculosis, children's diseases, visiting, school, social service, etc., each had its vigorous advocate and defender, as the speaker happened to be conversant with, or engaged in,

the branch of the work under discussion, and when the time to be devoted to the specialty was discussed there seemed to be some danger that the hitherto fancied groundless criticism and vague impression that the sum of the present-day general training only fitted the nurse for hospital routine work, or perhaps the care of a fever or a fracture, might be found to be resting on a solid basis of fact.

Naturally the questions arise, What is the *matter* with the "general training"? Is theory getting too much consideration and breadth being developed at the expense of depth? Are the fundamentals not receiving due attention and the underlying principles of their application no longer adequately imparted, as a foundation on which to build the superstructure of specialization in any branch? Are the completeness of hospital equipment and the precision of training-school management reducing routine to such a fine art that it is including the nurse as a part of the mechanism? certainly increasing her ability to accomplish more and a better quality of skilled work, but limiting her mental capacity along lines which make for initiative in applicability, resourcefulness, and adaptability under every condition. Is it because the rapid advance in medical knowledge calls for greater specialization in that profession, making the dependence for more assistance from the nurse a demand for specialization in hers?

There are several influences at work to which we may well pay some heed in this connection. The schools of philanthropy which must have pupils who find the lure of new fields of usefulness for the trained nurse most effective, the special institutions that must get their work done, and private hospitals are specious advocates of long-term specialization.

When out of pioneer conditions a group of women were developed that met every demand made upon them by the public and the medical profession, we must repeat, why is it necessary to specialize in every separate branch of nursing work if the fundamentals are properly instilled and practically applied?

TRAINING-SCHOOL DISCIPLINE

Discipline in hospitals and training schools left a deep impression on our minds because of the points of view of the graduates who never held responsible positions in institutions and the teaching body. The growing idea that the college method of self-government is applicable to hospital and training-school administration seems attractive to the graduate. Without doubt there are errors in judgment and solitary instances of abuse of power in strict discipline, but the graduate body must not lose

sight of the fact that the teaching body has struggled for more than thirty-five years to improve conditions, and has found from experience that the same license cannot be given to an undeveloped, undisciplined body, which is being trained to deal with such important issues as life and death, as to a body simply acquiring knowledge in the abstract.

The two groups must continue to stand together for improvement in conditions not hitherto under the control of the teaching body, for a more just and equitable treatment of the student body.

THE EXECUTIVE COMMITTEE OF THE ASSOCIATED ALUMNÆ

THE official proceedings of the Associated Alumnæ meeting at Minneapolis will, it is hoped, be given space in the September JOURNAL. There was not sufficient time for the Publication Committee to arrange the papers and reports for the August number, as a fuller report than last year is to be given.

In anticipation of the secretary's announcement, we are giving the personnel of the Executive Committee as appointed, as is customary by the Directors, the morning following the adjournment. This is comprised of Miss Delano, president, New York; Miss Deans, secretary, Michigan; Miss Davids, treasurer, West Virginia; Miss Cooke, California; Mrs. Tice, Illinois; Miss McIsaac, Michigan; and Mrs. Hunter Robb, Ohio,—geographically the most representative committee we have ever had. It is now expected that the fall meeting of the committee will be held either in Cleveland or Detroit.

THE RETIREMENT OF MISS LINDA RICHARDS.

THE retirement from active nursing work of the first woman to enter a training school for nurses in the United States is an event of more than passing interest. Miss Richards's resignation from the superintendency of the school for nurses in connection with the hospital for the insane at Kalamazoo, Mich., was announced in our pages last month. Unconsciously to herself, perhaps, in those early days Miss Richards, more than any other one woman, gave the impetus to what is now known as higher education for nurses. Her first fight was for better living conditions, better food, and systematic instruction for the pupils under her care. She had traditions of centuries to overcome and the personal opposition of physicians and influential men and women to combat. She has left her imprint upon more hospitals and training schools than any other woman of her profession, as a result of which progress has been always upward—a great record of work for the betterment of society to carry with her to the end of her life.

We wish Miss Richards many years of peace and happiness in the home which she will make with her sister in Providence, Rhode Island.

A FALL CONFERENCE

A CONFERENCE on the prevention of infant mortality will be held under the auspices of the American Academy of Medicine, in New Haven, Conn., November 11 and 12.

The census reports for the registration cities show that the deaths under two years constitute nearly one-fourth of the total mortality of all ages. Stronger evidence could not be required of the need for the intelligent co-operation of physicians and laymen.

ANOTHER OPENING FOR NURSES

FOUR or five "female medical teachers" are needed for service in southern Alaska. They would be under the employ of the Alaska Division of the National Bureau of Education, and their duties would be to give instruction in matters pertaining to health, both in the school room and the homes. Salaries would range from \$60 to \$80 per month with quarters in the school building. For further particulars, address at once Dr. Samuel M. Zwemer, 125 East 27th Street, New York City.

THE COUNTY ASSOCIATION AND ITS RELATION TO THE STATE *

By KATHARINE DEWITT, R.N.

IN these days of organization life, it is almost an impossibility for a man or woman to carry on any trade, business, or profession successfully alone. It seems to be a natural instinct of human beings which draws those of like views together to brush up each others' wits, to shake each other out of lethargy, to stimulate each other to new ambitions, and, possibly, to accomplish some definite good for the community. This last is not so easily brought about as those first named, yet a nurses' association ought to stand in a helpful relation to the public. It should be a pioneer in many hygienic or social reforms, the strong supporter of measures for the public good mapped out by the medical societies.

How far short of this ideal do we come? Many people are surprised at knowing there are nursing associations. "What! a convention of trained nurses? How funny! What do you talk about?"

Our pre-occupation with our own affairs up to this time is natural and partly excusable. Our first years of organization life were spent in knowing ourselves. Then came years of strenuous effort for registration. After this is accomplished and is working well there has come, to almost every society with which I am familiar, a lull, a resting on the oars. Those who were leaders in the legislative battles feel that they have earned a rest. Their successors are not yet ready to step into their shoes. Often there is criticism back and forth,—and in some communities, alas, a decided falling out,—and all because that old adage still holds true of Satan and idle hands. It is difficult to keep up enthusiasm and interest when there is no special work on hand.

Individually, we are *not* idle. Each of us is probably almost overburdened with the daily tasks which fall to her in her small corner of the nursing field. It is in our association life that we grow deadly dull and inert, so that many a nurse withdraws in disgust from the society with which she should be identified, feeling that it is of no benefit to her. It is quite sadly true that if our meetings are not interesting, they will not be attended. Where lies the remedy?

Must we manufacture new interests to keep ourselves busy or are there questions of importance still remaining unsettled to which we should give our earnest attention?

* Read at the New Hampshire State Nurses' Association. June, 1909.

Let me mention a few, all closely related, and all of such pressing need that we cannot postpone our consideration of them: central directories, visiting nursing, the care of people of moderate means, tuberculosis work, almshouse nursing, the Red Cross.

All of us who have had anything to do with modern social or philanthropic work know that as a result of experience there is a wide-spread effort toward centralization of work. In cities where several different societies are dealing with problems of the care of the poor or matters that concern the public health, the results are not nearly so good as in those which have brought their forces together into one society, dividing, systematizing, harmonizing the work.

If we, as nursing bodies, are to attack such tremendous problems as those I have named, we ought to go about it in the best way, not wasting years of more or less fruitless effort in learning how, but profiting by the experience of others. In any community no really efficient work can be done unless all the nursing forces are concentrated and are pulling together, working in harmony, not each of several organizations attacking the problem feebly by itself.

The medical societies, which have years more of experience behind them than we, have found the county society the most convenient and effective working unit, and it seems reasonable that it should be so.

Suppose the case of a large city. Here the county society would be practically a city association, but if it bears the county name it would include all nurses within the county limits and its usefulness would be so much the wider. On the other hand, suppose a part of a state rather sparsely populated, with one large county seat. Here the county association, though bearing the name of the county having the county seat, should embrace in its limits several counties, including all convenient outlying regions with headquarters at the county seat.

All the problems I have enumerated are local quite as much as state affairs. That is, they should be undertaken in every community where there are enough nurses to band together and work; they are too scattered for the state association as a whole to handle, though the state may well act as the inspirer and director of all.

Can such work be done by individuals? Yes, to some extent, but not effectively or thoroughly. Can it be done by the *alumnæ* associations? Yes, but if you happen to have in some one city several *alumnæ* associations and the same problem, what a pity not to unite to solve it! But if the cities alone undertake the work, what will there be for the scattered nurses in the small towns?

You will see, I hope, what the special place of the county association

is. I do not wish to urge upon you the formation of such associations, for no outsider can judge the situation for you, but if I can give you a clear picture of their mission you can better judge whether they are suited to your needs.

Their service to the nurses of a community is this, that they gather together the graduates of various schools and give them wider interests than they would have in attending only to the affairs of their own school. Also, it makes a place for any nurses from distant schools who may be in the community, putting them in touch with the others. Their service to the community is that it receives organized systematic nursing service instead of haphazard efforts.

I do not think *alumnæ* associations should be abolished. There is a fellowship and home feeling which it is good to preserve, and there are certain home interests to be maintained, such as a sick benefit fund, or an endowed room. A yearly banquet at which all the old graduates of a school gather to meet the new ones, and a Christmas frolic, with occasional meetings for necessary business, would in most cases serve the purpose of the *alumnæ* association, leaving the members free to throw their energy and enthusiasm into the county association without conflicting claims. The *alumnæ* association does much good up to a certain point in nurses' development; after that it may be narrowing, holding its members to too small a circle of interests. The woman whose interests are too confined is the one who opposes changes needed for professional progress. Most of our leaders the country over have been women who were by circumstances separated from their first nursing home and whose interests have broadened as they have seen wider horizons.

If the county association and the local *alumnæ* associations both hold monthly meetings, the county meeting is pretty sure to be neglected; if both meet quarterly, the *alumnæ* is still in the ascendant; if the county meeting is held monthly, and the *alumnæ* meetings quarterly, more good will be accomplished.

Now let us go back to our nursing problems and build for ourselves a castle in the air such as I suppose none of us will ever behold in reality.

Here are several counties united in one association with a thriving town as headquarters. The work is organized for the good of the community and also for the professional and educational advantage of the nurses. The first effort will be to establish a central directory, where registered nurses can be distinguished from those not registered, where doctors and patients will be educated, and nurses too, to the advantages of registration. The superintendents of the few hospitals situated in the district, being members of the county association and inspired by

its ideals, will give up their separate school directories and so help the work to start properly. The directory will be in the hands of a graduate nurse and will supply not only the town but the surrounding country. Perhaps it will admit to its lists the best practical nurses, those who can come well recommended, recognizing their good qualities and helping them to find proper employment.

After the directory has become so well established that there need be no further anxiety concerning it, the members will begin to plan for a visiting nurse association and will combine it with the directory, either by placing both under the same management or by having both housed in the same building and co-operating in every way.

When these two are working harmoniously and are self-supporting, it will be time to attempt to solve that most difficult problem of supplying nurses to the middle class. The whole community must be aroused to help in this as in the visiting nurse work. Nurses working by the hour should be added to the visiting nurse staff, who should be available for modest compensation, their board and room when off duty being provided by the endowment fund which is essential to the scheme.

If the plan of the Lady Minto Nursing Association of India be studied it would not be difficult to adapt it to our needs, so that working people might contribute a certain yearly sum, the payment of which enables them to obtain a nurse for a lower sum weekly than would be possible otherwise, the difference being made up to the nurse by the aforementioned endowment fund.

With such a good beginning and such a strong nursing centre the work among tuberculosis patients, and in the almshouses, and the enrollment of a large reserve corps for the Red Cross could be accomplished without nearly so great difficulty as if they were undertaken spasmodically by several small groups of women, and the county association will be making itself of use to the community as well as to its members.

We might go on and fancy a nurses' club-house and library; certainly there would be enough work to keep a county association busy for years.

The establishment of county societies, each with its central directory, means self-sacrifice of various kinds, and the only reason we have not yet attained to good county or city or community associations is because we are not yet far enough advanced in Christian kindness to give up our individual preferences for the good of the whole body.

We all like our own *alumnæ* associations, but so long as these predominate in a county, so long will the county society await its full development. We all like our own school registries, but no school registry has ever succeeded in being of so great service as a central registry.

That unity of interest which binds the nurses of a region together cannot be accomplished by the state association alone, for that is too large and meets too seldom.

The American Medical Association makes membership in the county association an essential to membership in the state and that in turn in the national. They have drawn up model constitutions for county and state associations as a means toward more uniform methods, and a field secretary is employed who goes about helping societies to reorganize. By such means more is accomplished and there is less waste of energy, time, and money.

Of our nursing organizations, only those on the Pacific Coast have followed this plan. California and Washington are organized on excellent lines. In each the county society is the unit and the membership of the state association is composed of delegates from the counties, one to every twenty-five members in Washington, one to every fifteen in California. Of course the state meetings are open as always to those who wish to attend them, but the delegates do the active work. Oregon is about to reorganize on similar lines. In these states it is necessary for a nurse to belong to some county association if she wishes admission to the state. If there is no association in her own county, she is asked to join the one nearest her.

In Washington there is a three-dollar annual fee to be paid to the county, but nothing additional to be paid by the individual nurse to the state. Instead, the counties pay into the state treasury from their funds one dollar per member.

In Minnesota and Michigan there are a few thriving county societies which have been the forerunners from which the state associations have sprung, but now that the state associations are established there is no close union between them. The membership of each is individual and unrelated except by chance. The county members are usually state members also and are interested in all state work, even to the extent of raising needed funds for its benefit.

In Ohio there are several active progressive local associations doing splendid work, but they have no direct relation to the state. In the three states last mentioned the state associations fail to receive any appreciable benefit from the local associations, or, if any, it is vastly less than if they were closely united.

In Massachusetts there is a close and rather peculiar inter-relationship between the thoroughly organized counties and the state. Membership in both is individual, but a person who joins one is by that act made a member of the other also and the dues may be paid to either.

The councillors of the state are elected from the counties or by the counties according to membership, and these councillors choose the state officers, who, in turn, ratify the election of the councillors. This is very confusing to my mind, but I am assured that it works well.

In West Virginia good county work is being done and along good lines. In New York there are a number of county societies, but the situation is confused and not at all ideal. The *alumnæ* associations are in the ascendant and the counties struggle for existence. Membership in the state society is of three kinds—individual, *alumnæ*, and county, but no one is received as an individual member if there is an *alumnæ* or county association open to her which is affiliated with the state. The state officers everywhere testify that the counties are a great aid in state work.

In order to have the county society a success professionally or socially it must have a good president, a real worker and organizer, who will gather in all the scattered nurses who should be members and enthuse them with interest and zeal for hard work.

What shall the county meetings be like? They should have three uses, business, educational, and social. The business should not be allowed to monopolize the general meetings or they will not be interesting. Better have a board of directors or an executive committee and let its members transact the business, giving faithful reports of work done, then the meetings can be devoted to other and less wearisome purposes.

For topics of discussion one of two methods may be followed: First, let the topics be wholly those of local concern connected with the lines of philanthropic or social work to be taken up or already engaged in; second, take the topics that have been presented at the last meeting of the Associated *Alumnæ*, subdivide them, and make them cover the meetings of the year.

It always seems to me a dreadful waste of good material to have such excellent papers brought before our national society, on subjects of vital interest, without a good discussion of them. If the papers read there could be followed up by the local societies in further discussion, they would not have been written in vain. One person could be selected to read the paper which forms the topic for the day, and which all have had a chance to read in the *JOURNAL*, several could follow the reading with written and well-prepared discussions, and then there should be an informal open discussion in which all take part. I believe such a plan could be worked out very successfully and interestingly and it would be better than scouring the face of the earth for brand-new topics which no one had ever heard of before. The very simplest of every-day sub-

jects are the most successful in the average society. The social part of the county society is not the least important, and should not be despised. To know one's fellow workers helps us and them.

What is the effect of the county and state associations on the individual nurse? All of us who have had the chance to step out of our own little round of interests by being sent as delegates to some of these meetings know how the horizon widens as we look about us. Doubtless you have all had such experiences. Your state meetings have drawn you out of your perplexities and prejudices, you have met and admired fine women from other schools than your own, and you have gone home with a better balanced mind and a warmer heart.

But think of the nurses throughout the state who cannot get as far from home as the state meeting. Think of the strangers among you who have no *alumnæ* association near at hand. What can you do for these? Can't you help shake them out of *their* ruts, help open *their* eyes, and broaden *their* interests by getting all the nurses of a region together in a county society and making the meeting so good and the work done so important that no one will want to miss being a part of it all?

It can't be done without some self-sacrifice. If there are flourishing city associations well established and growing, they will have to stretch their arms a little and take the whole county in. The *alumnæ* associations will have to subordinate their work a little, and throw their energies heartily into the more central body. There may be some twinges of regret, but there will be compensation. The surprising thing in this world is that a little self-forgetfulness brings so much unexpected blessing.

OBSTACLES IN THE PATH OF THE SCHOOL NURSE

By CHRISTINE RUSSELL KEFAUVER

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MUCH has been written of late on this problem of school nursing. It has consisted largely of academic discussions which treated of the need of the school nurse, the effects on the child, and of the waste which the neglect of the child, the most valuable of all our resources, entails to the people of this and future generations. All this is very true and very interesting and very instructive, but I beg to present a view which seems hitherto to have been overlooked—the difficulties of the situation, not from the standpoint of the scientist, or the statistician, but from

the more intimate standpoint of one of the real insiders, ~~the~~ the school nurse herself.

I have been for several years deeply interested in the subject of medical inspection in the public schools, and have seen the system under which it is carried on in several of the eastern cities, besides having been personally identified with the work in Chicago during the past year.

In every case I have been forcibly impressed with the importance of the place occupied by the nurse in supplementing the work of the medical inspector; and still more so with the obstacles in the way of her getting the best possible results.

I will try to describe a few of these obstacles as I, and others, have encountered them in Chicago, where they are probably more numerous because of the newness of the work. Our first difficulty here arose over the difficulty of money. The school nurses were originally an emergency measure and the appropriation provided was only sufficient to pay our salaries for three months. By the end of that time the nurses had so demonstrated their value, not only as preventive and curative agents where the question of communicable diseases was concerned, but also as valuable auxiliaries of the truancy department, that strenuous efforts were made to have us retained as a permanent branch of the health department. Much opposition was manifested to this being done, and the sources whence the opposition emanated served to show the lengths to which greed and unreasoning prejudice against any new departure can carry even educated people.

At first a number of school teachers, and even principals, objected, but a very short time served to show that these could be classified into three groups. Those who did not understand just what school nursing meant and feared that it would result in interfering with the school routine, or lower the attendance, when convinced that such was not the case became ardent advocates of it. Next came those who feared that part of the funds necessary to maintain the work were to be deducted from the already slender appropriation of the Board of Education.

The third group consisted of those who were old-fashioned and firmly believed that measles, scarlet fever, and diphtheria were dispensations of Providence, which every one *had* to bear sooner or later, and the sooner we had them and got over it the better; also that pediculi, ringworm, impetigo, and scabies were afflictions of childhood, unpleasant to be sure, but not to be avoided. The members of this group withdrew into their shells, as it were, and dismissed the whole subject of medical inspection as one more "fad" which had been thrust upon them.

They neither assisted nor hindered, they simply ignored. They saw none of the good accomplished, but mentally filed for future reference any mistake or unpleasantness which occurred.

Lastly (and to their credit this group was extremely small) came a few narrow individuals who felt that the school and all it contained was their personal property, and that any person coming into it must necessarily be guided by what they thought. *They* preferred to say whether a child should be excluded or re-admitted to school; what rooms routine inspection should be done in and how frequently. In short, *they* wished to conduct the medical inspection of the pupils, not according to the ideas of the medical inspectors and school nurses, whose professional training qualified them for the work, but according to their own personal whims and fancies. Fortunately, as I have said, such people were rare, and as there were only 42 school nurses in all, and this number could not possibly cover all the public schools in Chicago, the Board of Health dropped all those schools where the principals and teachers refused to co-operate, and transferred the nurses to schools where the teachers and principals appreciated the work they were trying to do.

Another thing which complicated the work was the attitude of the parents. As I have said, school nursing is new in Chicago, and being so, a large amount of educational work had to be, and still has to be, done before the general public realizes that it is the gainer and not the loser by the new order of things.

We have here, as in New York, a large foreign element, and it is among them that most opposition is met by the nurses to the work they are trying to do. The Stock Yard district of Chicago is made up almost entirely of Polish, Lithovanian, Bohemian, and some Swedish emigrants hardly any of whom speak or understand English. These people are all of the poorest peasant classes and, with the exception of the Swedes, have been for ages subject to the cruel despotism of Russian rule and are ignorant and suspicious to an astonishing degree. They are absolutely unable to grasp the idea of any person doing anything for them merely from a desire to help them, and they are sure the nurses and doctors must be getting something out of it "on the side." The Poles, especially, are sullen and indifferent, and it is almost impossible to have even the most glaring defects remedied except by the persistent efforts and long-continued visits of the nurse.

Adenoids and enlarged tonsils, not being external defects, are calmly ignored, and no amount of argument will convince the majority of the parents that our desire to have them removed is not a scheme whereby

we are in some unexplained way the gainers. Glasses they dislike, and as far as possible refuse to provide, while such a thing as vermin is dismissed with a calm shrug and a stare of ox-like surprise that we should concern ourselves with so trivial a matter.

The Swedes and Bohemians are brighter and more progressive and take readily to the idea of remedying their children's defects, while vermin are comparatively rare among them. Then, too, they are not cursed with the drink evil as the Poles and Lithovani-ans, and so their homes are cleaner and better, their children are better fed and clothed, and the filth diseases of scabies, impetigo, favus, etc., are much more rare among them. It is, however, a curious fact that throat affections, such as hypertrophied tonsils and adenoids, are much more prevalent among the better class of children than in those in very poor circumstances. Perhaps some one can tell us why.

The last and greatest obstacle encountered by the nurses was—*the medical profession*. This was really the "unkindest cut of all" as it was one quarter from which they felt they had a right to expect encouragement and support. The trouble started almost immediately and with the medical inspectors.

Doctors had been employed in the public schools as medical inspectors for some time, and had been examining children and sending home a card to the parent on which the physical defect was noted and the parent advised to seek treatment. They also excluded contagious diseases, examined children who had been excluded before re-admitting to school, and placarded houses where contagious cases were quarantined. As the salary was only \$50 a month, the position did not present great attractions from the financial standpoint, and the doctors who took it up felt they were doing their full duty if they ran into a school for a few minutes, asked if there were any children to see them, and ran out again. The medical inspectors were largely recruited from three classes: The young doctor just starting practice, who wanted something that would pay his rent and probably throw a patient or two his way till he got on his feet and could afford to give his whole time to his own practice; the old or middle-aged man who, after years of struggling practice, yet could not make both ends meet and took this to piece out; and the successful practitioner who had taken up the work when he needed the money, and then as the great scope of its possibilities opened out before him, stayed in it for the love of the work itself rather than for anything it could bring him, and strove in every way to be of most value to the school fortunate enough to have him for a medical

inspector. Such a doctor gave fully of his time and services, and the paltry remuneration which he received could in no way compensate for the good accomplished through his efforts. From doctors such as these the nurses experienced only courtesy and a keen desire to co-operate with and encourage them in every way in the work they were trying to do, and they stood their staunch friends in the stormy medical meetings in which they were accused of every crime under Heaven, up to the capital one of taking the bread out of the mouths of the starving medicos.

With the very poor of the school children the nurses were able to do a great deal if they succeeded in gaining the parents' consent. The dispensaries, the bureau of charities, the visiting nurse association, all gave generous aid to those for whom they sought it. It was when they came to the middle class, the people with a *little* means, that they struck their first real snag.

To illustrate: One of the nurses went to a child's home to investigate a case of hypertrophied tonsils and adenoids referred by the medical inspector as needing treatment. The people were Swedes and lived in a comfortable little apartment for which they paid twelve dollars a month rent. The father earned forty dollars a month and there were six children besides himself and wife, and as he was frugal and sober they seemed to be able to get along nicely, but there was no surplus for luxuries. The nurse inquired if they had a family doctor, and upon their mentioning a doctor who treated them when they required it, advised them to consult him concerning an operation. Incidentally she discovered that the eldest girl was badly in need of glasses. She advised them to see to this also, which they agreed to do. Two weeks later she received a request from the parents to call and see them. They told her they had consulted their doctor and he wanted fifteen dollars to remove the tonsils and adenoids and would not do it for a cent less. The oculist, to whom they had taken the eldest girl, had wanted seven dollars and a half to fit her with glasses. That meant twenty-two dollars and a half to remedy the defects of two children. That left seventeen dollars and a half out of a month's salary of forty dollars; deduct twelve dollars for rent, that left five dollars and a half for the expenses of a family of eight persons for one month. *It was clearly impossible.*

Meanwhile the lack of glasses and the consequent eye-strain was ruining the nerves of the girl, and keeping her back in school, while the adenoid growth of the boy had been so long neglected that he was already two years behind his grade. The nurse took the boy to a free dispensary, where upon the payment of *fifty cents* to cover the cost of the anæsthetic, his adenoids and tonsils were removed by a competent doctor, while

the girl's eyes were treated at the same dispensary and glasses gotten for the modest sum of two dollars. Thus for two dollars and a half these children were returned to school better able to do their work and compete with their comrades, and the parents were saved the remaining twenty dollars which they would otherwise have had to pay and which they could ill afford.

Now, what was the result? The medical inspector, who in this case was also the family doctor, denounced the school nurses at a medical meeting and declared that they were taking to the dispensaries patients *well able* to pay a family physician for treatment.

This is merely one instance—here is another. A certain medical inspector in one of the schools left nothing but cards reading “needs glasses.” Upon calling at the children's homes it was found that in twenty-seven cases, *every case was his own private patient*. Of course the nurse was obliged to refer these facts to him, although he was not an eye specialist, and he charged them a dollar each to verify a diagnosis he had already made in school and then referred them to a friend of his to get the glasses. If this isn't “graft,” what is it?

The nurses are fortunate in having a most just Board of Health, and the evidence in these cases, after careful investigation, resulted in the dismissal of the men in question.

Now the question is this: Given a child with a serious physical defect that is going to keep him back in school and consequently in life; his parents are too ignorant to see the necessity of spending fifteen or twenty-five dollars for a thing that “never makes him sick,” or else they have a large family and feel that they cannot afford it, *but they are willing* to pay the small fee required by the dispensary for an operation or glasses. Now, out of regard for the feelings of the private doctors, are those children to be allowed to retain these defects; or are the doctors to reduce their fees within the reach of the people of small means; or are the school nurses to have these defects remedied in the dispensaries at dispensary rates? It seems to be an open question. I confess I am strongly prejudiced in favor of the children.

To sum up then, the two great obstacles with which the school nurses have to contend are greed and ignorance. The former only time and the contempt of their fellowmen will eradicate. The latter is to be combated by a persistent campaign of education directed in the interest of the parents and teachers. I have looked into this phase of the question pretty thoroughly in the past year, and tried the educational scheme with great success. I have first endeavored to interest the principal, and after doing so, have gained his consent to invite the mothers to the school on a

certain afternoon, and then I have endeavored in simple practical language to explain to them exactly what school nursing meant; what tonsils and adenoids are, and above all, what their neglect results in; also how eyes are tested in school, and the nervous troubles which their neglect results in. In the schools where "mothers' meetings" are encouraged this is a simple matter, but where those things are unknown one has to depend upon the courtesy of the teachers and principals to make the necessary arrangements and get the mothers to attend.

I have found that the simple test of displaying the lettered card by which the children's eyes are tested, on the blackboard in front of a room full of mothers, and requesting them to study it while I was speaking, and see how many of *them* were unable to read to the normal limit, has done more to show them how necessary glasses really are for their children than any amount of home instruction.

Also, when speaking to them in a group in this way, they are sure to discuss it afterward among themselves, and as there are always one or two present whose children have been helped by an operation, or glasses, they naturally quote their experience, and it has great weight with other mothers.

When speaking to them in this semi-informal way I encourage them to ask questions and discuss their doubts and theories and try to show them where they are wrong. There is nothing technical about it as in a doctor's lecture, and being accustomed to see the nurse every day, they feel more or less acquainted with her and more disposed to heed what she tells them.

Of course all this takes time and patience, but it pays in the long run. It is easier to tell fifty women one thing at one time than to go to fifty homes and repeat the same thing fifty times, and it saves time.

Another thing to be remembered is, that different communities have to be appealed to differently. In a community largely American, national pride, a desire to have the *American* child the equal, if not the superior, of every other should be dwelt upon.

In a Swedish community, it should be shown how the removal of physical defects renders the child brighter and more successful in life.

In a Polish district, where the sole desire of the parents is to get the child out of school at fourteen and set him to work, it should be pointed out that physical defects if unattended will result in keeping him a year or two longer in school.

In a Jewish district the great waste from a financial standpoint can be dwelt upon. The cost of the public school system, the cost of raising a child from birth to the working age, and the waste in dollars and cents

if, through neglect of a remediable defect, the child's earning capacity is practically cut in half. Above all the public needs to be constantly educated in one thing: that is, that *it*, as a taxpayer, is maintaining the boards of education and of health, and that *it* has the greatest reason for demanding the highest interest on the capital invested. Such interest to be returned to *it* in the form of children who, upon leaving the public school, shall not only have gained an education, but shall take into the world with them healthy bodies which will enable them to *apply* that education to the best possible advantage to themselves and the community to which they belong.

HOSPITAL VIGNETTES: THE OLD-TIME WARDMAID

By GEORGIANA J. SANDERS

Graduate of the Manchester General Children's Hospital, England

HAS she altogether passed away, that austere, tyrannical, talkative miracle of cleanliness, with her immense respect for properly constituted authority and her profound contempt for each new batch of "*perbationers*"?

Who trained us in those far-away days in the way we had to go? The remote lady in the office in whose presence we stood and suspended labor? The busy head nurse, tied up, it seemed, everlastingly in the doctors? Our seniors who saw to it, in self-preservation, that we soon knew when to fetch and how to carry, and various practical parts of our work that otherwise devolved on them? Or the doctors who showed us mysterious spots through the microscope and supplied us unasked with strikingly irrelevant information?

They must all certainly have had their uses. But the authority we feared, before whose ready tongue and contemptuous glance the stoutest quailed, she who taught by experience, expected less than nothing from us, and yet exacted standards it was hopeless to attain, this authority reigned in scornful independence in the ward kitchen, emerging punctually as clock-work twice a day to sweep the wards or scrub the lavatories. Did it matter to her that you had not finished making your beds? Not a bit: it was sweeping time. Or had you perhaps finished early and would fain have begun your dusting? Well, I don't believe any one ever suggested such a revolutionary idea: it was the peace of the whole day in the balance against ten minutes' extra margin to the morning rush of work.

Do you remember your first night on night duty? The mysterious

glamor of at last *really* nursing, the exalted sense of responsibility balanced by that unacknowledged quavering sense of your mighty unpreparedness? How hard you worked! and do you remember how the daylight brought you re-assurance and how, feeling you had steered your barque through alarming difficulties, you triumphantly came to give your first really important report? What took the wind out of your sails? What made you realize that you were less than the least of any would-be nurse that had ever gone before? Alas! had you not altogether forgotten, in spite the warnings of wise friends, that the one thing that really mattered was to keep your kitchen neat for the autocrat whom nature forced to spend the night away from her kingdom? You knew then that you had left your breakfast dishes in unorganized heaps all over the kitchen table, the plates unscraped, the tea-pot full of leaves, and, worst of all, the kettle empty! Lower than the last no one could fall.

How long did it take you to learn to pack your well-scraped plates and emptied cups deftly into the dish-tub and to leave not a trace of your twelve hours' multiple energies, "poor, poor dumb mouths," to testify against you in the kitchen?

But one does not emerge unscathed from such experiences. Though but common clay I own to being a marvel of neatness where just such work is in order, and punctual to despair. As for a kettle I refill it by reflex action. But the other day, passing through a friend's kitchen, in this land where we live in such pleasant intimacy with our kitchens, I surprised her by absent-mindedly touching her tea-kettle and, finding it light, carrying it to the tap, and filling it, apparently quite unconscious of what I was doing. Some lessons of life burn deep into our souls.

At six-thirty she arrived on the scene in a monumental bonnet of black crepe ornamented with a sad but persistent rose. This and her shawl she hung on the kitchen door and not in the closet built for such uses, which closet was an innovation. She carried a bundle consisting of a clean check working apron and a clean white linen one for the afternoon, a comb, and her horn spectacles, never more and never less. Her tidy scanty hair was covered with a too ample black chenille net; her costume a skirt of negative complexion, short and clean with a blouse obviously furnished by our old uniform skirts.

The early morning had been a taciturn period, plates, breakfast dishes, scrubbing, sweeping, always in the same order. Her last act was to scrub her own kitchen floor and cover it with convenient paths of newspaper till it dried, since even her authority had its limitations and she

could not forbid us to enter. The floor was of black and red tiles peculiarly prone to reveal spots. Did you ever in her "hour off" roll plaster of Paris bandages in the kitchen and forget to cover the floor beforehand with newspapers? And did you or did you not go to bed that night a discouraged wreck realizing with bitterness in your soul that you had mistaken your vocation and could never never make a nurse?

After her morning work her floor cloth and brushes and even more times her broom were washed and put out in the sun to dry, a lesson in economy and hygiene to us all. It was her pride that her brushes and cloths lasted longer than those of any other wardmaid. At dinner time she helped us juniors peel the potatoes and saw to it that we remembered our part in good time and had the plates heated and the bread cut. That we might forget duty whose omission caused annoyance only to ourselves or the doctors, of whose importance she had only a casual conception, troubled her not in the least, but in her philosophy the patients' comfort was never a negligible quality, and she never left such details as hot plates to the chance remembrance of a forgetful probationer. At three punctually she took her hour off, preparing for the afternoon leisure by combing her unruffled smooth hair, washing her hands, donning her bonnet and cloak and putting up a clean roller-towel on the kitchen roller. This always seemed to be with her a sign that the strenuous duties of the day were over and the ornamental hour of ease might be recognized. On wet days she seated herself in her kitchen in a low chair near the fire, donned her spectacles and spent her hour over the newspaper, the cat for whom she saved scraps of fish drowsing in company opposite. At seven she banked her fires, filled her kettles and retired for the night leaving, I must own, a kitchen which fairly sang with comfort and cleanliness.

Do you remember the tins in which she kept tea and coffee, starch and other etcetera? A shining row all the same shape and in graded sizes which she had accumulated one by one through many months by keeping a wary eye on every tin she saw in casual use. They were polished like silver on a sideboard and labelled with adhesive strapping which the most skilled among us in the art were permitted to print for her. And did you ever with moist and grubby fingers leave smeary marks on one of those tins? Do I not remember one of our number so sinning and having for punishment to endure the reproachful sight of the precious afternoon hour given up to repolishing every separate, contaminated tin?

Had she any human relationships? A thin pale wedding ring on the finger of her hard-worked hand suggested such a possibility, but the crepe bonnet might be taken as a sign that such a relationship had come

to an end, and its floral decoration that time had elapsed sufficient to mitigate the mourning.

She abominated children and treated the older male patients with a tolerant recognition of their limitations, but the young men in the ward certainly reached a weak spot in her horny heart. She rarely returned to her evening's labor after her prized "hour off" without fulfilling some small commission for one of them—the evening papers—fresh eggs—or even a message from the wife. The old men feared her though she rarely spoke to them; the most incorrigible would sweep his untidy belongings out of sight at her approach, and never but once in the whole years of her reign did a patient in "her ward" require to be reprimanded for forcible language. I could hardly explain who undertook the reprimanding: red tape and reporting in the proper quarter were, in her view, obstacles contrived to hamper the progress of justice.

Once we remember her being ill; it was in one of those winters when influenza was a terrifying scourge. For two days she stayed away and we tasted the joys of liberty and the discomforts thereof. On the third day to our consternation she returned white and meek, poor old dear, but determined. In vain we tried to help her and those in authority to lighten her labors with other help, for in those days our government was paternal and every member of our large family was a considered individual; but we only roused her deepest resentment. Her job, unattractive as it might appear to be, meant daily bread and the sweets of independence: was not failure the sword of Damocles above her head? and any one who tried to make it appear that her work was too much for her, was her bitter foe working to take the bread from her mouth. We had to take her point of view and fall back on feeding her up; I think every individual doctor and nurse with whom she had dealings privately dosed her with a pet tonic, all of which she took, and on the strength of which she recovered.

A time usually came in your training in which she somewhat revised the harsh judgment with which she viewed your character and works. This generally followed on the importation of another nurse from a ward less blessed in its kitchen autocrat. She always referred to the wards as "Annie's ward," "that silly Jessie's," and so on. Of Annie's or Jessie's training of "perbationers" she had, and quite justly, no opinion whatever. Then you reaped the fruits of discipline, then she regarded you with maternal eyes and scrupled not to hold you even as an example to your less fortunate comrade who might sigh in vain for the lax principles of the scorned Annie or Jessie. Her highest mark of favor was shown on the Saturday before Easter when her morning bundle was aug-

mented with a fresh (so to speak) rose, by which the bonnet was to be converted into an Easter creation. The afternoon hour was devoted to this important work. The kitchen door closed, you sat together under the open window, you realizing the full strain of your responsibility with scissors, needle and thread and a clean scrubbing brush with which to brush the crepe, and the intent and anxious owner breathing heavily over your shoulder and watching your every movement through her spectacles. And the pride of completion when the bonnet was tried on before the kitchen looking glass and pronounced with a pent-up sigh of relief to be beyond criticism!

Fellow human soul, learning the lessons we each have to spell, taking the discipline of life as, whether we will or no, we each have to take it, what compensation in the balanced scheme of things did your simple spirit glean in its monotonous surroundings and the daily round of unmitigated drudgery? May the warm recollection of those of us you "trained," as we unconsciously fill our neighbors' kettles, or suffer from other wardmaids sadly different from you, serve as soft pillows to your soul when it earns its rest.

THE CARE OF THE AGED

By JESSIE BREEZE

Graduate of the Illinois Training School, Chicago

THE care of old people requires just as much skill, tact, ingenuity, and patience as the care of children, and perhaps more, because one must keep reminded that old people cannot be treated like children even if childish, and that feebleness of physical and mental powers is not accompanied by forgetfulness of early experiences. A genuine affection, gentleness, sympathy, and imagination sufficient to enable one to grasp the patient's point of view are necessary. A nurse who is not a disciplinarian is more likely to succeed with the majority, and if she has a generous sense of humor she will be saved much mental wear and tear in the complications which are sure to arise. The private duty nurse without a sense of humor must have a hard time, for how else can she get the relaxation she so sorely needs while on duty?

"Senility is a normal phase of existence," and may be defined as a "retarded functioning," occurring comparatively early in life in some people, in others being deferred much longer. The primary cause is arteriosclerosis, which lowers the vitality by diminishing the nourishment to the tissues. As people grow old they need to be gently guided in ways of living that will prevent too rapid changes.

“Many of the diseases of old people are caused by toxic conditions originating in the colon, where putrefaction and fermentation take place; or in the kidneys, as there is a decline in urinary solids with an increase of the toxic products.” “The respiratory capacity is diminished and the secretions of the skin are lessened as is often also its pliability.” Be careful that all the excretions are free, but not alarmed at frequent copious urinations of pale or colorless urine, which are especially common at night with the nervous ones.

Old people are especially liable to several diseases which need not be mentioned except where the prevention or nursing differs from the same conditions in the young. Senile gangrene is very terrible, but it cannot occur if the skin is unbroken. If there is an abrasion, dress it dry and be watchful, reporting, of course, to the doctor the slightest tendency of the tissues to break down. For the prevention of cerebral hemorrhage in those who have recovered from an attack or who seem likely to have one, discontinue the use of alcoholic drinks, restrict the diet, giving less nitrogenous food and very light desserts. Fractures are comparatively common. When the patient has recovered from the shock the doctor is not unlikely to direct that old people with broken legs or hips are to be taken out of bed daily to sit up. Any old person in bed longer than a few days should be carefully cared for to prevent bed-sores. Incontinence of urine is not uncommon and is very distressing, requiring all the ingenuity of a nurse to keep the patient clean and free from chafing. There are many rubber appliances on the market for both men and women, which may help, but eternal vigilance is just as necessary. When old people are sick in bed, change the position often and get them out of bed as soon as the doctor will permit. The aged often recover completely from alarming illnesses where the possibilities seemed small, and they fade away quickly sometimes in what seem only trifling ailments.

Let the rooms occupied by old people (and especially sick old people) be as light and sunny as possible. There may be a protest against the sun at first, but ingenuity and tact will overcome that. The warmth of the sunshine is agreeable; try protecting the eyes and allowing the sun to stream over the patient—it is almost certain to be grateful. Bear in mind that when the present old people were young, darkened sick-rooms were proper and smiling faces were much out of place in them. The smiles are welcome now and so will the sunshine be.

The diet may need a little modifying, as old people can neither digest nor assimilate food as in maturity, nor can they take so much at one time. The foods to be recommended are water (about two quarts

daily), fruits, vegetables, milk, bread and butter, with small quantities of meat and eggs. This gives the kidneys a comparatively small amount of work and lessens the tendency to rheumatism. Tea and coffee may be allowed unless they cause wakefulness or disturb digestion. Tea and coffee are less likely to disturb the digestion if taken without milk or sugar, but if the effect on the nervous system is bad, they should be weakened or omitted. All food should be well prepared, nothing fried nor very rich, but everything of good flavor. As the tendency of nurses is to "regulate" so much as to be dreaded by old people and invalids, the wiser course is to advise little or no change in diet which the patient has not proved to her own satisfaction she is better without. The doctor, whose authority is seldom exercised, can make necessary changes in diet when the nurse's suggestions are scorned.

If digestion is feeble or the appetite poor, it is usually wiser to give the patient small quantities every two or three hours. If feeding is necessary, it should be done slowly to give ample time for mastication, and if the appetite is poor, a little diverting conversation or a gentle coaxing may help.

Sudden and unaccountable sensations of acute hunger are not infrequent. A hot (or cold) nourishing drink with a toasted cracker will usually be sufficient unless the patient eats too little. Care must be taken not to overfeed those with an appetite, as a more or less acute indigestion may result, a bilious attack become manifest, or the blood-pressure be increased to the point of danger. Alcoholic drinks should not be given to old people without the consent of the doctor unless they have always been accustomed to them.

Good teeth are not only desirable but necessary to proper digestion. Natural teeth in poor condition are a source of danger, being the cause of serious diseases of the jaw. An impaired sense of taste is one of the handicaps of old age, usually more noticeable in those having false teeth with a plate. This lack of taste may be so troublesome as to interfere with digestion by causing a sudden ceasing of appetite after a few disappointing efforts to eat.

Properly fitting glasses are a great help in promoting interest in the life about. Reading, sewing, knitting, and card playing are excellent occupations if the patient is able to do any of them. Many old people speak of a troublesome smarting of the eyes, more or less persistent and very annoying. Normal salt solution or weak boric acid solution used with a dropper or eye cup will usually give relief. If not, consult an oculist.

For those hard of hearing, remedies are not so easy. More tact and

absolute frankness of conduct are essential to gain the confidence of the patient. Include the deaf one in all conversations possible and make every effort to promote her happiness—not an easy task, as a rule. There are many recent devices to assist the deaf; some are like a telephone with a small battery to be carried in the coat pocket or inconspicuously fastened to the dress. These are expensive but satisfactory to some, not at all to others. Many old people are not so deaf as they seem. Combined with a less acute sense of hearing is a slower mental action, and for that reason they do not understand.

The sense of touch is less acute in the old, and when this is marked, sewing and knitting become irksome. This numbed sense of touch makes the handling of things uncertain. The skin is frequently cold, and there is a general loss of body heat. Warmer clothing is necessary and somewhat warmer rooms to live in. One or two baths a week are essential to maintain the functions of the skin, but they may be difficult to give to these dear shivering ones. An absolute unchanging regularity is not necessary for every patient, indeed, with some, a little irregularity is wiser. The best time of day for the bath varies with the patient—usually an hour or two before the noon meal or in mid-afternoon for the very feeble ones. The room must be warm, the water warm enough to be comfortable, warm blankets, towels, and hot-water bags or bottles ready for use when the turn of each comes. If the bath is in the tub or a sponge bath is given out of bed, keep a towel over the shoulders and dry each part as it is bathed unless it can be kept under the water. After the bath let the patient rest in bed half an hour or longer, first giving a hot nourishing drink. After the rest, if the patient is still cold and wants more clothing, let it be something which can easily be removed when she is warm.

Washing the hair is a problem with old ladies. The scalp can be kept clean and wholesome with some simple hair tonic, and most old ladies like to have their heads rubbed—it is soothing and diverting. But hair tonic will not keep white hair (not even dark hair) pretty and soft as one likes to see it, so an application of soap and water occasionally is necessary. Do the best you can. A large bath towel pinned about the neck and a large supply of wash cloths for drying the hair may be an acceptable hint. As soon as the hair will not drip, rub the scalp with hair tonic, bay-rum or dilute alcohol. It makes the scalp feel warm and pleasant. Rinse white or gray hair with bluing water, and send up a song of thanksgiving when the task is satisfactorily finished.

When the condition admits it, regular exercise in the fresh air should be taken daily to assist elimination and aid digestion. Massage

can be substituted when exercise is impossible. Good ventilation so supplied as to give no dread of being chilled is another necessity.

The brain suffers from lack of nourishment as well as the other organs, and this accounts for many nervous symptoms, sometimes so bad as to become senile dementia. In the beginning there are increasing forgetfulness and an inability to grasp the correct meaning of things heard and seen. Things heard and seen are confused with things which take place in their minds only, often bringing untold unhappiness.

All old people have their pet comforts, economies, and habits which should be respected as far as possible. Memories and customs of youth seem to return in age to some people. The characteristics common to nearly all are a tendency to tell the same thing many times, and to modify the truth to suit their own peculiar sense of the fitness of things, as children do. A short experience soon convinces one that it is an easy matter to smile at these efforts when it can make no possible difference to any one, and when it does, to briefly and tactfully supply the necessary points to set the matter right in the patient's mind. In fact, be blind, deaf, and dumb to the unessentials, as good mothers are, sure that all will come right in the end.

What does it really matter if they have absurd economies or are unwilling to submit to everything we wish to do for them? Are we not striving to maintain happiness and not to exercise tyranny? What if this dear old lady objects to clean handkerchiefs; will not a crumpled one, changed while she is asleep, answer? Another old lady does not wish her handkerchief given to her unfolded, and the next patient you care for is frigidly injured when you hand her a folded handkerchief. Isn't it distinctly funny? And a nice old man has a horror of the clean towels so dear to your heart! Can you not both be happy with carefully mussed towels?

Old people require less sleep than in youth or maturity, but they become weary easily and without apparent cause. They are apt to drop asleep in a chair if they attempt to read or sew. A half hour or an hour of sleep in the day is usually all that is wise to encourage; more is likely to be followed by a wakeful night. Some old people need a nourishing drink at bedtime every night; others are better to have one occasionally as it seems needed. Hot milk with salt, or salt, pepper, and a little butter, a hot eggnog, hot malted milk, or any agreeable nourishing drink may be given.

Any time of waiting seems long to old people, and wakeful nights are distressing. If a patient is wide awake, restless and full of fears at night, the easiest and quickest way is to have a good light and make a business of diversion after giving a hot drink, hot water bag, and any

other little comforts which are possible. If no doctor is in attendance it may be allowable to give from three to five drops of spirits of camphor in a cup of hot sweetened water.

Some old people are tormented with formication or an exaggerated itching sometimes very difficult to relieve, and which naturally increases restlessness and wakefulness. Bathing with hot water, or salt or soda water, may help. Massage is the only thing which will relieve others. For very hot feet, which occasionally trouble some old people, wet a wash cloth in cool water and wrap about each foot for two or three minutes and pat dry.

The hardest thing in caring for old people is to succeed a well-loved nurse or to relieve her for a vacation. In such a circumstance my last shred of courage faded when taking care of one dear old lady, and I made a joyful escape on the return of the nurse. However, out of that experience there was and still is no little amusement for me. One of her favorite occupations was to rock herself back and forth, sitting bolt upright in her chair, and exclaim over and over for half an hour or longer at a time: "Oh, dear, oh dear, and oh dear, oh dear!" even when I made what I thought were well-directed efforts at diverting her with more entertaining things. One day her wailing was modified by memories of her long, peaceful, and pleasant life, and for an hour or more to the refrain of "oh dear, oh dear, and oh dear, oh dear," she added: "If I hadn't been so good, oh dear, oh dear! I never had a chance to be anything else, oh dear, oh dear! I've always been so protected and so well cared for, and oh dear, oh dear, and oh dear, oh dear! Isn't it awful, oh dear, oh dear!" This was too much, and I was obliged to make a hasty escape in order to recover a properly sober countenance and a calm voice.

HOUSEHOLD HYGIENE

By ISABEL McISAAC

(Continued from page 748)

V

PLUMBING

IN the construction of a house economy in materials may be practiced in many points without detriment to the household welfare, but the system of plumbing is not one of them. Good plumbing properly installed is very expensive in the beginning, while poor plumbing badly constructed is a constant expense, and a source of danger to the health of the family.

If the woman of the family has any voice in the matter she should make a study of the subject and acquaint herself with the best and most convenient appliances, should have an intelligent idea of the mechanism of traps, water-closet basins, etc., as well as an understanding of the proper arrangement of pipes as to place, joining, ventilation, and light. This study should be made before the plumbing is installed, otherwise great expense may be incurred in correcting mistakes, or the system may be a source of annoyance or danger so long as the house stands. Presumably when one builds a house it is for permanent occupancy, and the family are unable to "flit," as the Irish say, if the plumbing is bad, as might be done from a rented house or apartments; hence the great importance of knowing what one can and should have, and how it should be constructed. Our fathers and grandfathers attended to such things in their day, but in our generation it usually falls to the wife to supervise it (unless she happens to be unusually dense), and she will save herself much tribulation by a due amount of foresight.

There are a few points which must be insisted upon even if one's knowledge is very limited.

The soil-pipe, which is the main pipe into which all of the drains from tubs, sinks, etc., enter, should be of iron and never of lead, which sags, bends, and is easily broken by nails or the gnawing of rats. Soil-pipes are usually made of two different weights, of which always choose the heavier, for the breaking and removal of a soil-pipe means vacating the house:

All pipes entering the soil-pipe should be joined obliquely, and not at right angles, which obstructs the flow of sewage and causes an accumulation of filth which gives rise to offensive gases, which may be forced into the house. In hot climates the soil-pipe may be put on the outside of the house-wall, but obviously this would be out of the question in the North.

All connecting pipes should be "open," that is, should never be placed between walls nor beneath floors, and as far as possible all pipes and joints should be placed opposite the windows, rather than along the same wall, thus giving a much better light for detecting leaks and for making repairs.

Traps are of many patterns, from the simple *S*-trap to very elaborate devices, but all are for the same purpose of preventing the return of fluids and odors into the house. Whatever the pattern, find out from the plumber how they work before they are installed, and how they may lose their "seal." If the traps are in good condition it is almost

impossible for the sewer air to force an entrance into the house, and many odors which are designated sewer air are, in reality, the emanations from neglected sinks and water-closets.

All sinks, bathtubs, and lavatory basins are provided with overflow pipes, and one of the most important points in the whole system of plumbing is to see that these overflow pipes enter the water pipes *above* the traps, otherwise they become inlets for sewer air. What are known as the "stand-pipe" outlets are considered the best. A common fault with lavatory basins, sinks, slop-hoppers and laundry tubs is that they are too small, and in consequence walls and floors are spattered and unsightly as well as unclean.

It is usually necessary to have a house-service tank in connection with the system of plumbing, which serves as a storage for the water supplying the hot-water tank and for flushing the water-closets. These tanks are placed in the highest part of the building and are usually difficult to clean, which is no doubt the reason why many of them are so neglected. No matter how pure the water supply may be nor how closely covered the tank, there is always a gradual accumulation of sediment, containing more or less organic matter, which must be removed at regular intervals. Ordinarily this water is not used for drinking nor cooking purposes, as the cold water pipes connect directly with the street mains, and for this reason the service tanks are usually made of wood, except in very large hotels or office buildings where the service tanks necessarily supply the water for all purposes throughout the building and the tanks are copper lined. A house may be equipped with the most perfect system of plumbing and have every possible convenience in the way of appliances, and yet on one entering from the fresh air bad odors are encountered; for the daily care or daily neglect record themselves in the atmosphere of the house.

A keen sense of smell and a quick eye for filth are necessities to every housekeeper, and these combined with diligence and soapsuds are usually all that are necessary to remove bad odors.

A five per cent. solution of boiling washing soda and a long handled brush to save one's hands should be used frequently in the kitchen sinks and laundry tubs, especially in the crevices and around the drain board to remove the accumulation due to soapsuds.

Boiling water or solutions should not be used in the water-closet basins, as the heat "sets" the odor of urine and the cleansing or disinfecting fluids should be only slightly above lukewarm. Where there are small children, the water-closet basins need constant oversight to keep them clean, for with the best of intentions youngsters are awkward and prone to accidents.

The most common causes of obstructed waste pipes are bits of cloth, hair, heavy paper, and other impervious materials thrown into the water-closets, and in the kitchen the lack of a sink strain allows lint and particles of food, particularly tea- and coffee-grounds to enter and clog the waste pipes. It is a common saying that coffee-grounds are the plumber's best friends.

In the daily routine care of the household plumbing it should be borne in mind that the filth which comes from neglect is a fruitful source of disease, affording excellent culture media for the multiplication of all kinds of bacteria. Unclean bathtubs and wash basins are especially dangerous in diseases of the skin and eyes, while foul kitchen sinks are large contributors to the spread of typhoid fever, tuberculosis, and diphtheria.

OPHTHALMIA NEONATORUM

By HELENE F. MOLCHIN

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THIS disease is a purulent conjunctivitis appearing from a few hours to the third day after birth and characterized by a discharge of thick, greenish-yellow pus. Untiring effort, watchfulness, and patience form the trinity that finally spells success in the combat against this dread infection, and all the more so inasmuch as the nurse usually has two patients on her hands and with each must guard against the danger of reinfection.

When nursing ophthalmia neonatorum, whether in hospital or private homes, it is absolutely necessary that all utensils and dressings used in the care thereof be kept separate. This is easily managed both in city and country practice and requires, if there is no lavatory in the home or if it be too far removed from the patient, two ordinary hand basins, one in which to scrub and the other for an antiseptic solution, soap, handbrush and towels; then a small pan or basin deep enough to hold the hot water bath for the boric acid flush, two of the ordinary jelly glasses, one for the flush, the other for a solution in which the eye droppers may be kept. The dressings necessary are small cotton pads cut two or three inches square and used to catch the water and discharge while the eyes are being flushed, and sponges are needed to complete the frequent treatments. These last are best made by dipping a small square or piece of cotton in water,—sterile,—rolling it between the palms

until conical at each end, and then squeezing dry with palm and fingers of one hand. This can be done rapidly, makes good firm sponges for cleansing the eyes from adherent mucus and pus without leaving any irritating shreds of cotton to add to the inflammation already present, while superfluous moisture due to flushing is also absorbed.

Orders for treatment as a rule read: "Give boric flush every half hour, night and day; use antiseptic as directed; also atropine solution." The antiseptic ordered is usually some soluble silver salt,—argyrol being given preference now, but protargol is also used,—the amount ordered in the treatment depends on the strength. If percentage is high the drop method is used, otherwise the eyes are flushed with it and so left until the next cleansing is due, after which it is not used again for one or more hours as the case may be. This last is only done, however, when a weak solution is ordered. The use of atropine is indicated if the pupils are narrow. We were taught that its action here prevented adhesions of the iris.

The work demands absolute thoroughness and cleanliness. Its frequent occurrence will more or less disturb baby's tranquillity, even digestion, but these must be secondary considerations so long as eyesight is at stake. So have the dressing table always equipped and ready, having protected well the piece of furniture used for this purpose, and underneath have a newspaper for soiled dressings. While you scrub, the boric is placed in the warm water bath (use at 98° to 100° F. unless ordered otherwise) and finally we are ready for actual work. Whether we stand at the head of the couch or cot where baby is lying or hold it on our laps, the arms and legs must be well secured by wrapping about the little body a light washable coverlet. Support the head with palm and three fingers of left hand, inclining it so all matter will discharge from outer canthus; with the thumb and forefinger of this hand hold the eye well open and flush with right hand. Steady the thumb by pressure on the cheek bone and the forefinger well against or under the arch of the eyebrow, for *never* must any pressure be made on the eyeball nor must we allow a squirming baby to let this improvised speculum slip, for the infection causes the eye to become soft or macerated and pressure will cause rupture of the ball with consequent escape of crystalline lens, leaving a deformed and sightless eye.

Never allow the solutions used to run from one eye to the other, neither is it necessary to touch the eyes with the dropper; only do not allow flush to come from too great height and always test temperature by trying a dropperful on inner side of your forearm. Indeed, if the work is done quietly and firmly, solutions neither too hot nor too cold,

it is surprising how well this manœuvring can be accomplished and baby be asleep. Atropine is usually used three or four times a day. Incline the head after having used it, allowing it to run out, and, while using, hold the tear duct shut so that none is swallowed. Avoid stains from silver solution by folding a soft old cloth under baby's head and then burn all soiled dressings.

As the discharge lessens, the intervals of treatment are lengthened, and then we must guard against being over-zealous and not disturb too often. Sometimes even with most conscientious work there will be one or more small opacities of the cornea, but as the little one grows and strengthens these absorb, and statistics show that when cases are taken in time vision is not lost.

Observe every precaution when baby is nursing, protecting the mother and bed with liberal pads of old soft cloth, and teach the mother never to come in contact with the discharge, disinfecting her hands if inadvertently done.

Baby's eyes are the first care and when the hand points the half hour, whether giving bath or rub or setting the tray, we must journey toward the brush and hand basin. Of course if the mother's case is complicated, it will be necessary to have two nurses, and in any case there is plenty of work even if infection begins to yield in a few days, but with system it can be done and well done. One can even find time to wash all diapers and flannels if necessary. The mother's room need not be neglected, and last, but not least, we can find time to sprinkle her tray with the rose leaves that have fallen from her bouquet, and there is always time for some good laughs besides.

The treatment for an adult is practically the same. Sometimes dressings are done every fifteen minutes, which is none too often, and often ice compresses and continuous irrigation with some mild antiseptic are ordered, to be given three or four times a day.

MILK PUDDINGS *

ALMOST any farinaceous food obtainable may be made into a good pudding with proper cooking, milk, eggs, sugar, flavoring, and a little ingenuity. Any of the innumerable preparations of oats, corn, wheat,

* In response to a request from a nurse in India for receipts for milk puddings, Miss Hamman has kindly furnished the above. The writer asked for recipes of puddings not in general use which explains the omission of those made of rice, tapioca, Indian meal and bread.

rice, and some of the other starchy foods may be utilized. Fruits of various kinds, when available, may be combined with them, and a little chocolate will often make a new pudding out of an old receipt. Here are a few suggestions, and a little thought will enable one to vary and multiply them indefinitely.

Fine White Hominy. Three-quarters of a cup of hominy, one quart milk, one teaspoon salt, three eggs, one-quarter cup sugar, one teaspoon vanilla. Scald the milk, add salt and hominy, and cook two hours in a double boiler. Add sugar, vanilla, and eggs well beaten. Turn into a buttered baking dish and bake three-quarters of an hour in a moderate oven. Serve with sugar and cream, or with stewed fruit—apples, peaches, cherries. Another variation may be made by using only the yolks of the eggs in the pudding, and making the whites into a meringue for the top.

Oatmeal Pudding. For this either the old-fashioned oatmeal or the rolled oats may be used. In either case, cook the cereal thoroughly, as for mush, using for the oatmeal four parts of water, and for the rolled oats three parts of water to one of the grain. To each cup of the cooked cereal add one cup of milk. Beat thoroughly together, pass through a fine strainer, sweeten, and flavor. Turn into moulds rinsed with cold water. Chill and serve with cream and sugar, or fruit. Chopped dates, raisins or figs may be added to the cereal before moulding. Any of the cereal breakfast foods on the market may be used in the same way. Graham, whole wheat flour and cornmeal may all be made into simple puddings of this sort.

Macaroni Pudding. Any of the flour pastes may be used—macaroni, vermicelli, spaghetti. Break the sticks into small pieces. To a quart of scalded milk add one cup of broken macaroni and one teaspoon of salt. Cook in a double boiler until very tender. Add one-half cup sugar, and few gratings of lemon rind. Stir in three well-beaten eggs, turn into buttered pudding dish, and bake in moderate oven thirty minutes. Serve with marmalade or fresh crushed fruit.

Chocolate Cracker Pudding. One cup of cracker crumbs, one quart milk, one-half cup sugar, two eggs, two squares chocolate (two ounces), one-quarter teaspoon salt, one teaspoon vanilla. Soak the cracker crumbs in the milk one-half hour. Add salt, sugar, chocolate melted, eggs beaten light, and vanilla. Put in buttered dish and bake in moderate oven until firm. Bread crumbs may be used in place of cracker crumbs, using two cups of stale crumbs. The pudding may be served hot or cold, with a hard sauce, or with whipped cream.

The milk question worked out to its economic conclusion—cheaper

than meat, dearer than cereals, is ready to eat without the aid of fuel or labor of preparation:

Milk at 8c. quart.....	100	calories	costs	.012
Round steak at 14c. lb.....	100	calories	costs	.015
Rib roast at 16c. lb.....	100	calories	costs	.013
Sirloin steak at 20c. lb.....	100	calories	costs	.020
Oatmeal at 4c. lb.....	100	calories	costs	.002
Potatoes at 60c. bu.....	100	calories	costs	.003
Cornmeal at 3c. lb.....	100	calories	costs	.004
White flour at 2½c. lb.....	100	calories	costs	.001
Beans (dried) at 4c. lb.....	100	calories	costs	.002
Peas (dried) at 4c. lb.....	100	calories	costs	.002
Shoulder of beef at 10c. lb.....	100	calories	costs	.013

RHEUMATIC INFECTION.—The *New York Medical Journal*, quoting from *The Practitioner*, says: Telling defines true rheumatism, *i.e.*, the rheumatic infection, thus: Practically every one to-day regards it as a bacterial disease, and therefore it can include all and only those morbid conditions which arise as a result of such bacterial infection. It is clear, then, that it is to the bacteriologists we must look in the final event to supply us with the exact limitations of true rheumatism as a clinical entity. Two main views are held at the present day, one, that rheumatism is a specific infectious disease, with, of course, a specific micro-organism, the other denies that the infection is due to a single or specific organism. On this latter view, it has been regarded as an attenuated pyæmia, a pathology which has now but few supporters; and others would regard the soil as the specific element, which means that a variety of organisms may, in specially predisposed persons, bring about the disease. The view that it is a specific infection is that to which bacteriological and clinical research more and more converge. At present there are many pathologists who, while accepting the hypothesis of specificity, assert that the microbe has so far eluded discovery, but, in England, at least, the researches of Triboulet, Poynton and Paine, Beattie, and others have carried conviction to the minds of many that the *Micrococcus rheumaticus*, which they describe, is the cause of rheumatism.

A MOTHER and boy were out walking one day, when the child noticed that the street was strewed with sawdust, and asked the reason. The mother explained that a baby had lately arrived in the house they were passing. After a moment's thought the boy said, "Well packed, was n't it?"

NURSING IN MISSION STATIONS



NOTES FROM SEVERANCE HOSPITAL, SEOUL, KOREA

By ESTHER LUCAS SHIELDS

As I read Miss M. G. Parsons' fine article in the November, 1908, JOURNAL on "Points in Nursing a Fractured Femur in the Home," it interested me very particularly, the details being so carefully written; but instead of hoping to use most of the special directions, and dreading the use of sand-bags and all the discomfort that means to both patient and nurse even with the best of care, I have been grateful for both patient and nurse in our hospital that Dr. Hirst introduced the "improved Hodgen splint" for nearly all fractures of the lower extremities, and the comfort is simply "heavenly" compared to that of any other splint I have ever seen used.

A Korean woman who had a compound comminuted fracture of the femur, followed by septicæmia, has had to spend months in bed, but by the use of the suspended iron frame, with its support of canvas safety-pinned on frame to keep the limb in proper position, she was able to move and be moved, and suffered none of the consequences of immobility.

Another patient had both femurs fractured, so both lower limbs were swung up in a way to provide extension and counter-extension, the weight of the body pulling against the frame because the foot of the bed is elevated, and the patient needed no more pity or care than most of the other cases in the ward.

Dr. George S. Brown, of Birmingham, Alabama, has sent out a reprint from "*Surgery, Gynecology and Obstetrics*, May, 1908, pages 531-543, "An Improved Hodgen Splint for the Treatment of Fractures of the Thigh or Other Painful Affections of the Lower Extremities," in which are clear directions for applying the splint, as well as illustrations and reports of its use. We appreciate very much the great advantages of this treatment over any other that we know.

Our training school for Korean nurses has begun its third year, and we are looking forward hopefully, trusting that we may learn to do really good work. One of last year's graduates from our medical school is translating and giving to the nurses Miss Kimber's "Anatomy and Physiology for Nurses." One of the nurses who knows English is

translating from "Practical Nursing," by Miss Maxwell and Miss Pope,—“The Qualifications of a Nurse,” and “The Care and Comfort of the Patient” having already been studied by one or more classes.

Three of the other doctors who graduated last summer from Severance Hospital Medical School have also been giving lectures or classes: Dr. Hong Chung Un using a translation of Mrs. Robb's chapter on “Observations of Symptoms” as text; “Drugs in Common Use, and Poisons and their Antidotes” by Dr. Kim Whe Yung, who has charge of the drug-room; and “Weights and Measures, Including the Metric System” was taught by Dr. Shin. Lessons in nursing, Bible, English, and arithmetic also have a place on our program, each grade being limited to a certain number of classes per day. As we have all kinds of cases, the older nurses have had to be given instruction in operating-room and obstetrical work much earlier in their course than is usual, and the pioneer Korean nurses are of good material, for their way has not been an easy one; their patience and kindness and persistence is not to be overlooked. May God grant them increased strength and wisdom to finish their course nobly; and to those to whom He has entrusted their training, such faith and love and skill in guiding and inspiring them that no one shall fail of doing her best work.

Engraved on the edge of the little open-faced watch carried by one of my co-workers,—a gift to her from a deaconess friend,—are the words: “One more day's work for Jesus.” Is it not a beautiful thought to be brought to one's mind every time the watch is used?

I enclose a photograph of our seven nurses, taken late in December, 1908. Two probationers are very soon to be received as pupils.

It is such a pleasure to receive the nursing magazines. We have organized a “Graduate Nurses' Association in Korea,” and hope by having this co-operation, to be able to do better work. The doctors invite us to their association meetings, and that has been of more help than you can imagine to one who used to be rather a lonely nurse, but Miss Edmunds and Miss Morrison and Miss Burpee have dissipated that adjective for me. Dr. Avison, who has been in the medical work in Seoul for about fifteen years, and to whose faith and energy is due much of what has been done, is now on furlough in the United States. We earnestly hope that more nurses may be called to Korea to help forward this work. We may be too ambitious, but I so much need a review of up-to-date material for my nurses, that besides the work on regular text-books, I am beginning to have short articles translated and put into a portfolio, hoping that when we have enough collected we may have them copied on a mimeograph, fastened together, and sent out to our co-workers as a journal, perhaps quarterly.



PUPILS IN SEVERANCE HOSPITAL TRAINING SCHOOL FOR NURSES.

One doctor has already given me a carefully prepared article on the nursing of endocarditis, which is yet to be translated.

You may be interested to know the examination questions which were given on the first six chapters of Miss Kimber's "Anatomy and Physiology" by the Korean doctor who taught the classes.

1. How many distinctive tissues are there in the human body? Write their names.

2. How many bones are there in the human body? And into how many groups are they divided according to their shape?

3. Through what do the bones get their nourishment?

4. How many classes of muscular tissues are there in the human body, and what is the situation of each kind?

5. Are there any other things in the striated muscles besides the muscular fibres? If so, what are they?

6. What is the use of fatty tissue?

7. How is respiration accomplished?

8. How do the articulations keep in action continually without wearing away or making pain?

9. What does physiology teach?

10. What does anatomy teach?

The four highest grades were 96, 84, 80, and 72.

A Journal for Nurses in Korea—its aim: To teach and inspire us to work with increasing skill and devotion, that we may be thoroughly equipped to help those who are sick; to demonstrate the possibilities of hygiene, that people may keep in health, and avoid many preventable diseases; that we may be encouraged; to have ideals and to grow towards them; to be cheerful and to give our best selves and our best services willingly, and to never miss the opportunities to be helpful as we take our one journey through this world.

Remember our mission is not to do what we would most like to do, but to discover what is most needed, and to supply that need. "Go where you are most needed." "Do what must be done." "It is not that I wish to be a better nurse than all other nurses, but I long to be as good as the best can be." "Do all you can to make your patient comfortable and cheerful." "Never let up your fight where Disease and Death are the enemies, so long as there is a spark of life remaining." "It is only in victory that the brave cease to fight."

A hospital motto, from Luke 10:9, "Heal the sick that are therein, and say unto them, 'The kingdom of God is come nigh unto you.'" This is to be printed in English on the inside cover of every number, and translated into Korean for the other inner page of the cover of each number.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK, R.N.

THE PROGRESS OF WOMEN

As a matter of general information and historical knowledge every woman, whether professional or lay, should read the resolutions passed by the International Woman Suffrage Alliance in London in May just past, as they show in a vivid and striking manner the events going on in the world around us which portend a new era initiated by unprecedented changes in the status of women. We are of the opinion that no woman can afford to be ignorant of these remarkable events, and, as few nurses have the special reports or official paper, "Jus Suffragii" before their eyes, and as the press of the country has almost entirely ignored the proceedings of this remarkable gathering of women, we feel that we are doing a duty to our readers in enabling them to keep up with the march of events as summed up in the following resolutions:

The delegates from 21 countries assembled in London at the 1st Quinquennial Congress of the International Women's Suffrage Alliance, and, representing the organized movement for the franchise throughout the world, unite in the following resolutions:

Resolved that we rejoice in rapid growth of the Alliance from 8 national societies at its organization in 1904 to 21 societies in 1909.

Resolved that we record with pride two great victories achieved since our first meeting, held five years ago in Berlin; the granting, by two European Countries of the Parliamentary Suffrage to women: Finland in 1906 conferred the Parliamentary vote upon women on the same terms as exercised by men; Norway in 1907 gave the Parliamentary franchise to women, but with a slight tax-paying qualification not required of men, which restriction the Government now proposes to remove,—and resolved that this Congress requests Fru Quam, Representative of the Norwegian Government to convey to her Majesty, the Queen of Norway, its deep appreciation of her gracious message and greeting expressing the hope that the work of the International Suffrage Alliance would be for the good of the home and the happiness of women, and further resolved that we express our firm conviction that

this hope will be fully realized when all countries shall have followed the example of Norway in granting the franchise to their women.

Resolved that we congratulate the women of Denmark upon having received in 1908 the municipal franchise and that we congratulate Denmark upon the wise and zealous manner in which the women have exercised it, in the Elections of this year; 70 per cent. of the women of Copenhagen having cast their vote, seven of their number having been elected to its Municipal Council and 7 per cent. of the Municipal Officers elected throughout the Country having been women.

Resolved that we congratulate the women of Sweden that the tax payers' municipal suffrage, exercised by single women for nearly fifty years, has now been extended to married women, and that both have been made eligible to all offices for which they can vote.

Resolved that we congratulate the women of Iceland upon having also been made eligible for the Municipal Offices for which they have long had a vote, and upon the election of 4 of them to the Council of the capital Reykjavik, also upon the appointment of a new Minister of State who is an ardent advocate of Women's Suffrage; that a Petition for Women's Suffrage has been signed by a majority of all the women of Iceland and that their Parliament has promised to grant it in a very short time.

Resolved that we congratulate the women of France on the first recognition of their right to the Suffrage, they having been made eligible to sit on Boards of Trade and when thus elected, obtaining thereby the right to vote for Tribunals of Commerce.

Resolved that we congratulate the women of Germany that by a law securing the right to join and to form political organizations throughout the Empire, the women of all but three German States have, within a year, succeeded in organizing Women's Suffrage Societies and affiliating them to the National Union of Societies.

Resolved that we congratulate the women of Italy upon the success of their first Congress of Women where Women's Suffrage resolutions were carried with enthusiasm; and upon the cordial support given to this question at the recent Parliamentary elections. And we congratulate the Women of Italy, Switzerland, France, Belgium, Hungary and Servia on the formation of National Women's Suffrage Associations within the past four years, and we protest against the law in Austria which forbids the formation of such associations.

Resolved that we express our sympathy with the Russian women, who, under such terrible conditions, have to fight for their own rights and for those of their whole people. We record with satisfaction that they

were permitted, though under serious restrictions, to hold a large and successful Congress of Women in December, 1908.

Resolved that we learn with pleasure that in the general movement towards freedom in Turkey a demand has arisen from women for some voice in their Government, which we hope the Young Turk party may grant.

Resolved that we congratulate the women of the *Netherlands* that in 1905 a State Committee of seven prominent men of all parties, having been appointed by the Government to consider the revision of the Constitution, by a vote of 6 to 1 recommended removing from it all obstacles to eligibility for women; that the Government soon after brought in a bill wherein the suffrage and eligibility for women were made possible, which was not proceeded with only because the Government went out of power; and that it is undoubtedly only postponed.

Resolved that we congratulate the women of Bohemia on having made use of their old constitutional right, although limited by many qualifications, to vote in elections for some town-councils and for the Bohemian Diet, and also on having women candidates put up for the Diet in some constituencies, which we hope may result in their being elected.

Resolved that we congratulate the women of South Africa that in two States out of the three belonging to its National Suffrage Association—Cape Colony and the Transvaal—they have already received the municipal franchise and that a bill for this purpose passed the Parliament of Natal last year; that the political leaders are in sympathy with the movement and that there is ground for hope that the first Parliament of a United South Africa will grant to women the parliamentary vote.

Resolved that we remember with deep satisfaction that the women of New Zealand have now enjoyed full enfranchisement for 16 years and are continuing, by their wise and faithful performance of their duties as voters, to show the world how well fitted they are for the privilege and how much the Government has profited by their co-operation. Further, we rejoice in the completion of the enfranchisement of women in Australia by the granting of State Suffrage to them in Victoria last November. The women by their general and efficient use of the vote have so demonstrated their fitness for it that the experiment begun in 1894 has now culminated in the granting to them of every State and Federal Suffrage exercised by men. The fact that in a whole vast continent all citizens have an equal representation must encourage the women of other lands in their struggle to break down the unnatural barrier raised by unequal franchise laws.

Resolved that we rejoice that in the United States of America within the last few years there has been such an awakening of women to the necessity of the suffrage as never has been known; that they realize as never before the injustice of their disfranchisement in a nation founded on individual representation and that scores of their associations for other purposes are now demanding the suffrage; that within the past two months 1000 representative women of New York appeared before their Legislature in behalf of the bill for woman suffrage, 1600 in the State of Illinois and 2000 in Massachusetts; that the organizations of working men, almost without exception, declare in favor of votes for women; that the press gives far more notice and approval of this subject than ever before; that in three states—Washington, Oregon and South Dakota—the question has been submitted to be voted on in 1910 and that all signs point to victory.

Resolved that we hear with pleasure of the recent action of the City Council of Toronto in petitioning the Dominion Parliament for the full enfranchisement of women and that on the day when the question was to be discussed 1000 women went on a deputation to the Premier at the Parliament House to support the petition.

Resolved that we congratulate the women of Great Britain upon being made eligible in 1907 to serve as County and Borough Councillors and as Mayors and Provosts; and upon the election of one as Mayor, and a number as Councillors. We record with satisfaction that Women's Suffrage in Great Britain is now a subject of practical politics as shown by the interest evinced by electors in the subject, and by the organized opposition to the movement, which marks the recognition of the advance that has been made.

The huge and continuous increase in the membership of all the Women's Suffrage organizations and the adherence to the movement of bodies of women engaged in various fields of work (representing nearly a million organized women) show that women of education and of practical experience and responsibility in all classes of life are united in demanding a direct share in the government of their country.

Resolved that we cordially welcome the formation in various countries of men's leagues for Women Suffrage, actuated by a genuine love of justice and a purely unselfish purpose, thus for the first time bringing the force of direct political power into the service of our movement.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

HARMFUL AND BENEFICIAL EFFECTS OF FEVER TEMPERATURE IN INFECTIOUS DISEASES.—The *New York Medical Journal*, quoting from a German contemporary says: Rolly, in his experiments with animals infected with pneumococci, staphylococci, colon bacilli, and pyocyaneus bacteria, found that an increased temperature exerted a favorable influence upon the course of the disease and increased the phagocytosis. He also found that the vasomotor weakness was caused by the infection itself and not by the rise in temperature. Agglutinin is produced more rapidly and in greater quantities in rabbits when the animals are kept in a room 11° to 13° C. hotter than another containing the control animals, and the production of antitoxin and of bacteriolysin is favored by the fever temperature. Finally he declared that, taken all in all, the increase of temperature, if within moderate limits, is a process which presents more beneficial than harmful effects. We recognize in the onset of the rise in temperature the endeavor on the part of the organism to throw out more quickly and efficiently the bacteria that have entered, or the poisonous material, or to neutralize the latter.

OLDEST HUMAN SKELETON.—Reinhardt describes in the *Münchener Medizinische Wochenschrift* a skeleton recently discovered which is supposed to be that of a prehistoric man, older than any other now known.

EXERCISE IN PULMONARY TUBERCULOSIS.—In the *Boston Medical and Surgical Journal* B. Swayne Putts extols the value of "working colonies," such as exist in some of the English sanatoria. The objects of these colonies were (1) to bring the patients, under careful medical supervision, to such a physical condition that when they return to work again the change will be so slight that their lungs will not be affected; (2) to instruct many patients in a new (to them) occupation, which they follow after leaving the institution and which promises to be more conducive to health than their previous employment, and (3) to utilize the economic value to institutions by having the patients do work which will bring in returns. In introducing such a system, patients should begin on light work and gradually increase in time spent and in the

severity of the work up to the limit of safety. In considering exercise we should consider it with reference to the lungs alone and then with reference to the whole body. We have the right to consider exercise separately, for the reason that we have factors whose effects are limited, essentially, to the movements of the lungs. When we place a patient in bed for a long period we are allowing the muscles to atrophy and are thus interfering with convalescence by destroying part of one of the largest organs and one second only to the liver in the nitrogenous metabolism. Some moderately febrile patients can work with benefit. In some tuberculous patients the heat-regulating centres are abnormally sensitive. Besides the actual increase on the lung disease as a cause for fever, we should consider as a potent factor the actual heat produced during exercise by muscular contractions and increased circulation, and as well the chemical changes which normally are the chief source of body temperatures. Each case must be treated individually.

THE PREVENTION OF TYPHOID FEVER.—An interesting article by C. W. G. Rohrer in the *Maryland Medical Journal* is thus summarized: (1) Typhoid fever is both infectious and contagious. The old dogma that typhoid fever is infectious but not contagious has slain its thousands and tens of thousands. (2) Two-thirds of the cases of typhoid fever are due to infected water supplies, one-sixth of the cases are due to infected milk, and the remaining one-sixth to flies, direct contact, and other means of contagion. (3) In the United States 50,000 persons annually are massacred by typhoid fever. In the state of Maryland alone nearly 500 deaths each year are due to typhoid fever. (4) Every case of typhoid fever comes from a pre-existing case of typhoid fever; hence complete and thorough disinfection of all excreta is the first step toward prevention. By so doing we strike at the fountain head of the disease. (5) "Food, fingers, and flies" offers an alliterative explanation of much of the hitherto unaccounted-for typhoid fever—the so-called prosodemic typhoid. (6) When typhoid fever is raging there is safety in boiled water, pasteurized milk, and cooked vegetables and fruit. Pasteurized milk is heated to 160° F., kept at that temperature for ten or fifteen minutes, and then quickly cooled.

BATHING WITHOUT WATER.—The *New York Medical Journal* in an editorial recommends that when a daily bath is an impossibility the body may be energetically rubbed with a brush or coarse Turkish towel, and afterwards exposed to the air for fifteen minutes. It is a question whether much of the benefit attributed to water does not arise from the complete exposure of the skin to the air.

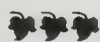
TREATMENT OF BOILS.—The *Medical Record* says: Many more or less elaborate methods of treating boils are employed, but the most common one is probably the application of heat by a poultice or one of its more cleanly substitutes, followed by an incision and the forcible evacuation of the pus. When a crop of boils follows, as it often does if poultices are used, resort is had to calcium sulphide or some other form of constitutional treatment, or to the latest refinement of an autogenous vaccine preceded by the estimation of the opsonic index. Jackson's treatment is to puncture the boil, when it points, by a sharpened stick wound round with a little absorbent cotton dipped in 95 per cent. carbolic acid; he then washes the surrounding skin with peroxide of hydrogen or a sublimate solution, and applies a salicylic acid ointment. The result is a cure obtained safely, quickly, and pleasantly, because simply.

HELP THE MOTHER NURSE HER CHILD. A PLEA TO PHYSICIANS NOT TO BEGIN ARTIFICIAL FEEDING WITHOUT FIRST TRYING TO HELP THE MOTHER MAINTAIN HER MILK SUPPLY.—Dr Maurice Ostheimer, of Philadelphia, read this paper at a meeting of the American Medical Association, and drew the following conclusions: 1. The fact that all women were able to nurse their children appeared to be forgotten recently since artificial feeding had proved so successful. 2. Physicians were advised to prepare, encourage, and aid every pregnant woman to nurse her child. 3. During pregnancy it was necessary that attention be paid to breasts, exercise, fresh air, sleep, regular bowel movements, correct food, and plenty of water. 4. After confinement the mother was instructed to take two or three quarts of water daily, cornmeal and gruel between meals, and perhaps milk, cocoa, iron, and brown stout. 5. When this was correctly carried out the mother was enabled to nurse her child to nine or ten months, at the end of which time diluted cow's milk was given from a cup. 6. By this method no bottles or nipples were required. 7. The treatment was only contraindicated in advanced tuberculosis in the mother and in those nervous women who continued to grow stout on it without improvement of their breast milk supply.

CURRENT LITERATURE OF INTEREST TO NURSES

New York Medical Journal, June 12, "Diet as a Prophylactic and Therapeutic," H. W. Wiley; June 19, "Some Practical Lessons from the Study of Weakened Feet," John M. Berry. *Medical Record*, June 5, "Sewage Disposal for Small Towns," Editorial; June 12, "Some Coroners' Cases," Philip F. O'Hanlon; June 19, "The Conquest of the Tropics for the White Race," W. C. Gorgas. *Maryland Medical Journal*, June, "The Prevention of Typhoid Fever," C. W. G. Rohrer.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

THE MARYLAND CENTRAL DIRECTORY

DEAR EDITOR: The Medical and Chirurgical Faculty of Maryland, an organization founded in 1799 to include all the medical societies existing in the state, celebrated its 110th anniversary by the formal opening and dedication of its large and very beautiful building just finished at 1211 Cathedral Street, Baltimore. The exercises were held Thursday, May 13; most of the chief physicians of the United States were present, and many made addresses, including Dr. Osler, who came from England for the occasion. The building contains a large library and reading rooms; assembly, committee and lecture rooms, clinical laboratory, kitchen and serving rooms, dining hall, reception rooms, offices, etc.; and an immense assembly hall built by the Osler Memorial Fund and named Osler Hall. On the top floor is an apartment of several rooms and bath for the residence of Miss Noyes, the librarian.

Of especial interest to all nurses in Maryland is the fact that two rooms on the ground floor are set apart for, and rented to, the State Association of Nurses. Here, besides desks and other furniture, are bookcases, a complete bound set of the AMERICAN JOURNAL OF NURSING, and an engraved copy of Cecilia Beaux's portrait of Miss Nutting; and here, it is hoped, will eventually be established a central directory for all the nurses of the city. The recent developments of this movement are interesting and significant and are as follows:

The Medical and Chirurgical Faculty, in some of the meetings of the past year, proposed and discussed establishing themselves in this new building, a central directory for nurses which should be under the control of the Faculty, as has been previously done by doctors in some other cities. This suggestion was opposed by some of the leading practitioners whose objection lay along two lines, (1) that nurses should manage their own interests without interference from doctors, and (2) that the doctors by thus taking control of nurses would be responsible for them and would have to receive complaints against them, arbitrate differences, etc. These doctors thought that this state of affairs would be contrary to the best interests of both professions. This was a large-minded view; but the indications are that the Medical and Chirurgical Faculty would, notwithstanding, have attempted to establish the directory, had it not been for the timely action, in the "psychological moment," of the State Association of Nurses. This association at its meeting of January, 1909, gave most of its time to the central registry question and both sides were defended by nurses who spoke with the clearness and courage of their convictions. By a rising vote it was found that the meeting was overwhelmingly in favor of establishing a directory as soon as possible; but it is to be noted that the meeting was a small one and not at all representative of its own membership. Those present were chiefly nurses connected with institutions or some branch of philanthropic work, and these have proved themselves to be usually in favor

of the directory; there were comparatively few private duty nurses present, and it is the private duty nurses who are especially concerned in this movement and who, in Maryland, are nearly all opposed to it. At this meeting slips were distributed among the members inviting them to become shareholders in a stock company which should establish and manage the directory. Some money has been secured in this way, but only a small part of the amount necessary; and the whole idea remains as unpopular as ever; the members of the various *alumnæ* registries opposing any change. It is a rather amusing coincidence that at this same meeting a sum of money, as large as the treasury of the association would allow and increased by many individual contributions from members, was presented by the association to the Medical and Chirurgical Faculty to help in paying for the new building which was dedicated May 13. This was given in acknowledgment and grateful appreciation of treatment which physicians have given nurses free of charge; and as an expression of the very cordial and friendly relations which exist between the two professions in our state.

This was the stock-company organization which was referred to in an editorial in the June number of the *AMERICAN JOURNAL OF NURSING*. Since this, announcement has been made that "the position of registrar for the central directory to be opened in the Medical and Chirurgical Building under control of the State Association of Nurses, is open to applicants"; but so far as we know there have been no candidates for the place. Many nurses who believe firmly in the central directory idea feel very strongly that this all-important position should not be held by any nurse whatever, but by a business woman taken from outside. The registrars of existing *alumnæ* registries do not entirely escape accusations of partiality, favoritism, and suppression of names. It is held that the dissatisfaction, whether just or not, would be much increased if a graduate of any one school conducted a registry of graduates from all schools. It is quite certain that no plan yet put forward, in print or speech, could eliminate the tremendous power for, and temptation to, unfairness and injustice on the part of the registrar,—unfairness and injustice which might be quite unconscious, which might even arise from conscientiousness, and yet amount to plain dishonesty. The writer feels quite sure that the objection of most Maryland nurses who are opposed to the central registry arises from a conviction that no person could be found who would be satisfactory, not only to the managing committee and to the public, but to the army of private nurses whose destinies she would control.

In May the Johns Hopkins Nurses' *Alumnæ* Association held its annual meeting, and the registry question was reopened, with a fair number of supporters present. When, however, the statement was clearly made that to open a registry in the Medical and Chirurgical Building as proposed would mean closing the club-house on North Avenue and breaking up the home and social life there; and when a vote was called for on that basis, only two nurses voted in favor of the change. These two were persons doing institution work, never living in the club-house, and in no way attached to it—or dependent upon it for home life. It will be long before Johns Hopkins nurses, working in Maryland, take any action which will abolish their club; it is professional headquarters for all, a social centre for many, and the *home* of a large number. As is clearly shown, even the earnest advocates of a central registry are not

willing to accomplish their object at such a cost; and this is significant, since the central directory plan originated in, and has been chiefly promoted by, the Johns Hopkins members of the state association. No doubt this same condition exists in other *alumnæ* associations in Maryland; no doubt the breaking up of present centres of professional and home life seems too grave a matter to be entered into lightly and unadvisedly, and is one reason that the central registry idea has few adherents among private duty nurses, no matter from what school they graduated.

This is the present situation in Maryland. Those who earnestly believe in the inherent justice and *rightness* of the idea are still confident of eventually developing a directory in the beautiful Medical and Chirurgical Building, which shall meet the approval of all factions; but this will come when the whole body of nurses wish it, and not before. When the work requires it, living apartments for the registrar will be provided in the building as for the librarian.

Whatever the outcome, Maryland nurses owe a debt of gratitude to the doctors who have given us a place in their handsome headquarters, and whose generous, fairminded co-operation has allowed us to keep in our own hands one of the most important of all nursing matters. The issue may not be so satisfactory in all places, however, and this review of Maryland affairs is written as a warning and encouragement to nurses in other cities who are still hesitating, as we are here, over the central directory question.

A MARYLAND NURSE.

RELIGION AS A FACTOR IN THE NURSE'S SUCCESS

DEAR EDITOR: In the early days of training schools, their work was taken up almost entirely by women of philanthropic aims, women of deep thought and sober lives, who looked upon their work of nursing the sick as a means of service to humanity. Gentle, kind, enduring, self-sacrificing, finding reward *in*, rather than for, their work.

As the years have wrought such colossal changes in the systems and methods of administration of training schools, changing the sometimes crude and unscientific work of former years into the skilful accomplishments of the training schools of to-day, have they not in no less degree altered the standard and characteristics of the nurse herself? How does the finished product of an educational basis compare with her professional predecessor in all those qualities that have made the name of "nurse" almost as sacred and revered as that of "a Sister of Charity"?

It would almost seem that the strenuous training of to-day was repressing all the individuality of our nurses, making them appear indifferent and mechanical in their services to others, quite dispelling that beautiful sense of "ministering" unto others, even though they do receive financial reward.

But the moral responsibility, apparently, is left off the lengthy curriculum, and the religious life of the average pupil nurse seems to be at low ebb. Three years make a great hole in one's youth, and the girls must be admitted while comparatively young,—many coming, for the first time, from God-fearing homes,—but the stress of long hours of work and study, together with association with more worldly-wise companions, tends to make them forget their religious duties, and the side of their life that ought to be enlarged to meet the future demands of their work is utterly neglected and left to starve and shrivel out of sight.

The valuable extra time "off duty" given on Sundays in all large hospitals is not always used to good advantage, frequently being spent in "outings" from which the nurse returns jaded in mind and body, unfitted for the coming day's work, and deriving no spiritual benefit from the beautiful, God-given day of rest, with its golden opportunities of mental and physical rest and refreshment.

What stress is laid upon the necessity of regular hours of sleep, and regularity at meals, to sustain the body! But who says to the young nurse, just beginning her training, to be faithful in her church attendance when opportunity offers, to be like Daniel in the King's Court—"to cease not daily to make his oblations unto God" and to "remember the Sabbath Day to keep it holy."

Too often the plea of "no time" or "too tired" is advanced as excuses. But who so tired, or busy, they could not attend ball or theatre should opportunity be given? Both are very commendable and refreshing for the light-hearted girl who is working hard, but not to the exclusion of the more serious duties, for who has to give of her cheerfulness, her courage, her mental support, together with physical efforts like the nurse? Therefore, who requires more renewing in all these lines?

While we all appreciate the necessity of a methodical, business-like nurse, yet there is a danger of her becoming too much so, to the repression of the gentle traits that are so essential in a womanly nurse.

And, after all, whose heart so sympathetic, whose feet more willing, or whose hands more gentle than she who sees in all humanity that Master who said to the faithful servant, "I was in prison and ye came unto me, naked and ye clothed me, sick and ye ministered unto me." H. H.

AN OPINION OF THE EMMANUAL MOVEMENT

DEAR EDITOR: At a convention of the Episcopal Church held in Boston in May, there was much discussion of Dr. Worcester's work at Emmanuel Church. One minister opposed its practice on the ground that "the Church, by trying to do work which it is not fitted to do, loses its power to do the work it is fitted and intended to do," and closed his argument with the following hearty tribute:

"The Emmanuel Movement has taught, as nothing else ever has, the necessity of a doctor's being a consecrated and religious man. I venture to predict that almost within ten years' time every doctor or nurse, who is not clearly a very religious person, will be discredited, no matter what the professional or technical skill." R. B. S.

THE FOOD PROBLEM IN THE COUNTRY

DEAR EDITOR: As a reader of the JOURNAL, I was much interested in the article in the June issue entitled "The Cookin' Lady."

Although I have done but a small amount of private work, most of it has been done among the farmers of this locality, where I have often been for twenty-four hours, or to assist at an operation. I have found that their food, as a rule, is neither palatable nor nutritious. My statement will perhaps hardly be credited when I say that their food supply consists of round steak, fried to a crisp, and boiled tea. They have, to be sure, the food material, but it is not wisely or intelligently used. I have been on farms where they had

a large herd of dairy cows and only a small amount of skim milk was kept for the family use, the remainder being sold to the creamery. Eggs are fried or boiled hard. To fry them, about an inch of lard is put in the frying pan, in which the eggs are literally poached. Bacon and salt pork are the chief articles in the meat line, with an occasional chicken which is too tough to sell. When I have asked for milk for myself instead of the boiled tea I was considered mentally irresponsible.

The farmers have good vegetables right at their door, but the majority of them boil string beans with bacon or salt pork, and persist in wilting lettuce, a truly diabolical method of preparing the crisp green leaves, by frying with bacon and pouring vinegar on the whole.

I believe that nurses living in the centre of a farming community have as much to do with teaching people food values as our sisters in large cities. Our tubercular rate is high, also anæmia and other diseases resulting from in-nutrition.

M. B. N.

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

RESOLUTION passed at the annual meeting of the Society for the State Registration of Trained Nurses held in London, May 29, 1909:

"That hearty congratulations be sent to the nurses in the eight states of the American Union the legislatures of which have, during this session, passed bills for the registration of nurses."

MRS. DITA H. KINNEY, superintendent of the Army Nurse Corps, U.S.A., has resigned the position and will spend a month in California with friends. Her successor has not yet been appointed.

THE HOSPITAL ECONOMICS visiting instructors and graduates were entertained at breakfast by the Minneapolis members on Thursday morning, June 10. The following were present: Mrs. Robb, and the Misses Nutting, Dock, Goodrich, Alline, 1900, Kelly, 1904, Ahrens, 1904, Balcom, 1904, Smith, 1906, Wright, 1905, Erdman, 1909, Hayes, 1908, Muhs, 1907, Perrin, Markham, and Wheeler, 1904. It was only one of the many enjoyable courtesies shown the visitors and was thoroughly appreciated. May these "togethers" occur frequently at the national meetings, is surely the wish of all those who had the pleasure of attending.

THE AMERICAN RED CROSS on June 19 received from the Italian Red Cross a beautiful gold medal and diploma as tokens of appreciation of the assistance rendered by America after the earthquake in Sicily and Calabria. The presentation was made with appropriate civilities by R. Laverena, president of the Italian Red Cross, to W. H. Taft, president of the American National Red Cross.

MASSACHUSETTS

Boston.—THE GRADUATING EXERCISES of the Training School for Nurses at the Long Island Hospital, Boston Harbor, took place Thursday, June 24. The program was long and varied. Dr. James J. Minot, president of the visiting medical staff, made the address and his honor the mayor of Boston presented the diplomas. There were twelve graduates.

GEORGIANA J. SANDERS has been appointed by the Trustees of the Massachusetts General Hospital as superintendent of nurses, to succeed Pauline L. Dolliver. Miss Sanders is a graduate of the Manchester General Children's Hospital, Pendlebury, England. She has been four years superintendent of nurses at the Polyclinic Hospital, Philadelphia, Pa.

Westfield.—THE NOBLE HOSPITAL TRAINING SCHOOL FOR NURSES held its graduating exercises June 4, six nurses receiving diplomas.

CONNECTICUT

Hartford.—M. WINIFRED AHN, superintendent of the training school of the Bridgeport General Hospital, Bridgeport, has been appointed by Governor Frank B. Weeks, of Connecticut, on the Board of Examination and Registration of Nurses, for the unexpired term of Mary L. Bolton, who has removed to New York City.

THE CONNECTICUT STATE BOARD OF EXAMINATION AND REGISTRATION OF NURSES held an examination, on June 16, which consisted of the following questions:

Anatomy and Physiology.—1. (a) Name the bones of the upper extremity. (b) Describe one. 2. (a) How are the muscles attached to the skeleton? (b) What is meant by the terms, origin, insertion? 3. (a) Describe briefly the circulation of the blood. (b) What changes take place in the blood as it passes through the lungs? (c) Through the muscular tissue? 4. Describe the heart. 5. (a) What organs are found in the thoracic cavity? (b) Name the membrane which covers the lungs. 6. Name the organs concerned in digestion. What is digestion? 7. (a) Name the artery which carries venous blood; (b) the vein which carries arterial blood. 8. (a) Name the largest gland in the body; (b) what is its chief function? 9. Name the four principal parts of the brain. 10. Name the membranes which cover the brain.

Medical Nursing.—1. What is the incubation period of typhoid fever? When does the rash or rose spots appear? 2. Give nursing care of typhoid fever. 3. (a) Describe your method of getting fever patient up in chair for first time. (b) How long would you let fever patient sit up for the first time? 4. How would you make a patient comfortable for the night? 5. (a) What is the average amount of urine secreted in twenty-four hours by a healthy adult? (b) In what disease is the quantity of urine increased? (c) In what disease diminished? 6. In what cases do you consider it necessary to measure urine daily? Why? 7. How would you care for a child suffering from convulsions, in the absence of a physician? 8. How would you prepare a room for a contagious case? 9. Describe your method of giving simple cleansing enema. 10. How would you give a bladder irrigation?

Surgical Nursing.—1. A patient with a fractured thigh has to be removed to the hospital; how would you apply a temporary splint? 2. On what part of the body are bed-sores most likely to occur with a case of fractured thigh? What measure can you take to prevent them? 3. What precautions must be taken in the sterilization of cutting edge instruments? 4. What would be the after-care of a patient who has had perineorrhaphy? 5. How long should a patient remain in bed after a perineorrhaphy, operation? 6. What is a laparotomy operation? 7. Differentiate between the symptoms of internal hemorrhage and shock. How would you treat shock until the physician's arrival? 8. What are the prominent symptoms of inflammation? 9. Name and describe two positions used in gynæcological operations. 10. State the simple measures you would use to check vomiting after anæsthesia.

Obstetrical Nursing.—1. Describe briefly the changes which take place in the femal generative organs during pregnancy. 2. What is the duration of pregnancy; and how would you determine the probable date of confinement? 3. What general care would you give to the pelvic organs prior to labor? 4. Describe the stages of labor, and outline nurse's duties during each. 5. What special care would you give a patient immediately following delivery? 6. Define placenta prævia, and tell how you would care for a case until a physician arrived. 7. Give symptoms of puerperal septicæmia. 8. What diseases would you avoid prior to and during your engagement to care for an obstetrical case? 9. Outline your care of an infant for the first week. 10. Give one formula for modified milk; and give your care of nursing bottles and nipples.

Dietetics and Home Sanitation.—1. Name the different classes into which food may be divided. 2. Name two animal and two vegetable foods which contain fat. 3. Prepare a day's menu for a patient, excluding starchy foods as far as possible, while giving a variety. 4. What useful function may be performed by the indigestible parts of vegetables? 5. Show why a mixed diet is advisable. 6. Give one method of predigesting milk. 7. Prepare a day's menu of at least six meals for a patient with mild fever, excluding milk, but giving as much variety as permissible in a fluid diet. 7. What are sweetbreads, and how would you prepare and serve them? 8. Why is a thorough cooking especially important in cereal foods and not in flesh foods? 9. Write the rules for preparing three desserts you would use in feeding a typhoid fever patient during convalescence. 10. Give a list of fruits you would recommend for their laxative effect.

Norwich.—NINE GRADUATE NURSES of the Wm. W. Backus Hospital Training School met with the Ladies' Advisory Board at the nurses' home on May 1, 1908, to consider the advisability of organizing a nurses' alumni association. As all present were in favor of such an association it was decided to organize at once. Officers were elected and a committee of three appointed to notify absent graduates and report to them the results of the meeting. This first annual meeting of the Wm. W. Backus Hospital Alumni Association was held in the nurses' home Wednesday afternoon, June 9. It was decided to make it wholly a social event. The meeting was called to order and opened with a prayer by the president, Fredrica Roos. At the close of the meeting a dainty luncheon was served and a social hour much enjoyed by all. There were present about twenty-five graduate nurses. The association wishes to take this opportunity to thank all those invited for their kind and prompt response to the invitations.

NEW YORK

THE HOSPITAL ECONOMICS DEPARTMENT, TEACHERS' COLLEGE

COLUMBIA UNIVERSITY, NEW YORK

Contributions to Endowment Fund from November, 1907, to Date

German Hospital Alumni, New York.....	\$ 25.00
Mrs. Bertha Frank, Baltimore.....	200.00
National Homœopathic Alumni, Washington, D. C.....	100.00
Graduate Nurses' Association of West Virginia.....	50.00
Miss Helen Scott Hay.....	5.00
Illinois State Association	111.00
Illinois Training School Alumni, Chicago, Ill.....	100.00
Miss M. D. Rogers and Miss McKeel.....	20.00
Through Miss G. J. Saunders:	
Jewish Hospital Alumni.....	\$ 10.00
Miss Brent	10.00
Miss Ada Payne	10.00
Miss Donahoe	10.00
Miss M. E. P. Davis.....	10.00
Miss Edith Madeira	5.00
Miss Garrett	5.00 60.00

Miss Bertha M. Smith.....	5.00
West Pennsylvania Alumnae Association.....	50.00
Miss A. Goodrich	100.00
Miss M. Woody	5.00
Graduate Nurses' Association of Pennsylvania.....	100.00
Hope Hospital, Fort Wayne, Indiana.....	100.00
New York Hospital Alumnae, New York City.....	200.00
New York Hospital Alumnae, New York City.....	103.00
Through Miss A. L. Alline, Treasurer Superintendents' Society.....	584.58

Previous Contributions:

Miss Walker	\$ 10.00
Miss Lurkin	50.00
Miss Maxwell	10.00
Miss Grace Anderson.....	5.00
Miss Stewart	5.00
St. Luke's Alumnae, Chicago, Illinois.....	25.00
Massachusetts State Association	100.00
Massachusetts Homœopathic Alumnae	50.00
Individual Members Massachusetts Homœopathic Alumnae....	14.25
Boston City Hospital Alumnae.....	100.00
Mrs. Quintard	25.00
Miss Eugenia Ayres	25.00
Pennsylvania Hospital Alumnae	160.00
Worcester Memorial Alumnae	25.00
Graduate Nurses' Association of Connecticut.....	100.00
Children's Hospital Alumnae Association, Washington, D. C....	100.00
Interest on Amount in Brooklyn Savings Bank.....	44.36

Through Miss Anna Davids, Treasurer Associated Alumnae:

Allegheny General Hospital Alumnae Association.....	\$ 52.00
Brooklyn Hospital Alumnae Association.....	50.00
Blessing Hospital Alumnae	25.00
Battle Creek Alumnae Association.....	115.00
Cleveland Graduate Nurses' Association.....	25.00
Connecticut State Nurses' Association.....	50.00
Germantown Hospital and Dispensary Alumnae Association..	25.00
Grant Hospital Alumnae Association.....	25.00
Indianapolis Graduate Nurses' Association.....	100.00
Illinois State Nurses' Association.....	100.00
Lakeside Hospital (Cleveland) Alumnae Association.....	50.00
Lafayette (Indiana) Graduate Nurses' Association.....	25.00
Mt. Sinai Hospital Alumnae Association.....	100.00
Massachusetts State Nurses' Association.....	100.00
New England Hospital for Women and Children Alumnae Association	25.00
New York City Training School Alumnae Association.....	100.00
New York State Nurses' Association	250.00
Roosevelt Hospital Alumnae Association.....	50.00
Wesley Hospital Alumnae Association.....	50.00

Miss Alice Aherne	3.00
Miss Elizabeth Burgess	3.00
Mrs. N. F. W. Crossland	3.00
Miss M. E. Decker.....	5.00
Miss Agnes G. Deans	2.00
Miss N. Gilette	3.00
Miss May Gentry	3.00
Miss Ida F. Giles	3.50
Miss E. E. Golding.....	3.00
Miss Jeanie Jordan	5.00
Miss S. F. Palmer	5.00
Miss A. E. Reece	3.00
Miss Mary B. Sollers	3.00
	1361.50
Minnesota State Nurses' Association	100.00
Connecticut Hospital Training School Alumnæ.....	22.00
Connecticut Hospital Alumnæ Association.....	6.00
Virginia State Nurses' Association.....	55.00
Virginia Nurses' Association	37.50
Virginia Nurses' Association	25.00
Illinois State Nurses' Association	100.00
St. Luke's Hospital Alumnæ, New York.....	300.00
Missouri State Nurses' Association.....	560.00
Miss Louie Croft Boyd	5.00
Denver Trained Nurses' Association	35.50
Columbia and Children's Alumnæ, Washington, D. C.....	100.00
Miss Edith Ambrose	5.00
Miss Clare L. De Ceu.....	10.00
Episcopal Hospital Alumnæ Association, Philadelphia.....	100.00
St. Luke's Alumnæ, Richmond, Virginia.....	25.00
Michigan State Nurses' Association.....	560.00
Bellevue Hospital Alumnæ, New York.....	150.00
Bellevue Hospital Alumnæ	100.00
Bellevue Alumnæ	100.00
Bellevue Alumnæ	250.00
Bellevue Alumnæ, Individual Members: Miss Nash, Miss Perkins, Miss Keating, Miss Rhodes	20.00
Salem Hospital Alumnæ, Massachusetts.....	50.00
Miss Harriet Fulmer	10.00
Miss M. E. Kershaw	5.00
Miss M. C. Packard	10.00
Miss N. L. Flanagan	10.00
Miss Lucy Ladd	10.00
Miss N. J. Lockland	10.00
Miss Eliza B. Gray	10.00
Alumnæ Association Hospital of the Good Shepherd, Syracuse, N. Y.....	25.00
Miss G. Anderson	2.00
Alice Fisher Alumnæ	100.00
Dane County Nurses' Association, Wisconsin.....	20.00

Georgia State Nurses' Association	50.00
Woman's Hospital Alumnae Association, Philadelphia.....	25.00
Miss Annah Winn	5.00
St. Vincent's Alumnae	50.00
University Hospital Alumnae, Kansas City.....	15.00
Miss M. Gladwin	2.00
Miss Katherine Newman	25.00
Children's Hospital, San Francisco	25.00
Miss Rhodes	5.00
Miss Mary Sweeny	10.00
Miss Frida Hartman	3.00
The Misses Corey (each \$5.00).....	10.00
Miss Cameron	5.00
Union Protestant Alumnae Ball	25.00
Presbyterian Hospital Training School.....	200.00
Presbyterian Hospital Alumnae	25.00
Miss J. S. Cottle	4.00
Rhode Island Alumnae	50.00
Interest on One Share Journal Stock, Miss A. L. Alline.....	3.00
Nurses of Colorado	49.10
Maine General Hospital Alumnae	50.00
Graduate Nurses' Association of New Hampshire.....	100.00
Graduate Nurses' Association of Indiana.....	100.00
Graduate Nurses' Association of Indiana.....	15.00
Individual Members of Baltimore City Alumnae through Mrs. W. L. Nichols	19.00
Methodist Episcopal Hospital Alumnae	50.00
Church Home and Infirmary Alumnae, Baltimore.....	10.00
Garfield Hospital Alumnae	50.00
Moses Taylor Hospital Alumnae	10.00
Miss A. L. Alline, dues Hospital Economics Course Association.....	11.00
Miss M. Gorter	5.00
Miss Emma J. Daly	5.00
Through Miss S. F. Palmer, Members of Rochester Alumnae.....	22.50
Orthopædic Hospital Alumnae, Philadelphia	10.00
Individual Members Johns Hopkins Alumnae Association through Miss V. Maclellan	28.00
Presbyterian Training School Alumnae, Philadelphia.....	100.00
Baltimore City Hospital Alumnae.....	10.00
Hartford Hospital Alumnae	84.00
M. W. M., Indiana	3.00
Miss Mary Cloud Bean	3.00
Mrs. J. D. Goldman	5.00
Miss M. C. Packard	5.00
Miss Amy P. Miller	10.00
Miss Sophie Lazenby	3.00
Miss K. Mallalieu	3.00
Miss M. McGann	3.00
Miss Anna Betteys	3.50

Rochester Homœopathic Alumnae	25.00
Miss J. E. Wheeler	16.00
Individual Members of Orange Alumnae.....	102.00
North Carolina State Nurses' Association.....	25.00
New York State Training School, Prospect Heights, Brooklyn, N. Y.....	25.00
Philadelphia County Nurses' Association.....	25.00
Good Samaritan Alumnae Association	25.00
Mt. Sinai Alumnae Association.....	100.00
Miss Helen Balcom	5.00
Alumnae Association Brooklyn Homœopathic Hospital.....	20.00
Miss Hurlburt	10.00
Maryland General Alumnae	25.00
Miss A. Rykert	10.00
Miss Nora K. Holman	15.00
Tuberculosis Committee	82.00
Kentucky State Association	100.00
Graduate Nurses of Dayton and Vicinity.....	8.00
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Total Endowment Fund	\$8978.79

Contributions to Current Expenses to Date

Previous Contributions, through Miss A. L. Alline.....	\$ 59.11
New York Hospital Alumnae	25.00
New York State Society	200.00
Anonymous through I. Lightburn.....	15.25
Mt. Sinai Alumnae Association	65.15
Through Miss G. C. Ross:	
Miss S. Mayer	\$ 25.00
Miss A. Jammé	25.00
Miss H. Wilmer	25.00
Miss A. McMahon	10.00
Miss A. Friend	10.00
Miss M. B. Dixon	5.00 100.00
Miss M. E. Stanley	10.00
Miss M. Samuel	5.00
Miss Grace Dodge	100.00
New York Hospital Alumnae.....	25.00
Miss Lottie Bushnell	100.00
New York State Nurses' Association.....	150.00
Miss Sarah J. Graham	5.00
St. Luke's Hospital Alumnae Association.....	25.00
Miss A. D. Van Kirk, share of stock contributed in 1908.....	100.00
Tuberculosis Committee	70.00
Miss M. Samuel	5.00
Miss Grace Dodge	100.00
Interest on Investment	125.00
Interest on Investment	75.00
Interest on Investment	125.00
Interest on Investment	100.00

Interest on Investment	125.00
Total Current Expenses	\$1709.51
<i>Total Contributions From All Sources</i>	
For Endowment	\$8978.79
For Current Expenses	1709.51
	<hr/>
	\$10688.30
<i>Total Disbursements</i>	
Investments	\$8809.17
Current Expenses (for two years)	1143.62
Balance in Corn Exchange Bank:	
Endowment	\$169.62
Current Expenses	565.89
Total	735.51
	<hr/>
	\$10688.30

In addition to this there has been received from A. Carr, \$25.00; A. D. Van Kirk, \$25.00; through Ladies' Aid of Paterson General Hospital, \$25.00; total, \$75.00, to be applied to a special fund for the purchase of books.

(Signed) M. ADELAIDE NUTTING,

Chairman, Special Committee Hospital Economics Funds.

June 3, 1909.

THE NEW YORK STATE NURSES' ASSOCIATION will hold its annual meeting on October 19 and 20, in New York City.

Rochester.—THE LEE PRIVATE HOSPITAL ALUMNÆ held the annual meeting at the hospital, Tuesday, June 15, at 3 P.M. The following officers were elected for the ensuing year: president, Laura F. Lewis, R.N.; vice-president, Kathryn Hesley; recording secretary, Alice E. Ehle; corresponding secretary, Bessie R. Hillis; treasurer, Ida Hallett. After the meeting the alumnae entertained the class of 1909 at a luncheon and ride.

Brooklyn.—THE ALUMNÆ ASSOCIATION OF THE TRAINING SCHOOL FOR NURSES of the Long Island College Hospital elected officers for the ensuing year as follows: president, Florence E. Thompson, 929 Marcy Avenue; secretary, E. Violetta Toupet, 128 Pacific Street.

NEW JERSEY

Paterson.—THE ANNUAL MEETING of St. Joseph's Hospital Training School Alumnae Association was held June 4, 1909, at which the following officers were elected: Isabel Macdonald, president; Mrs. A. Strehl, first vice-president; K. Pinsonneault, second vice-president; and M. A. Dwyer, secretary and treasurer. Board of Trustees, Mrs. H. G. Beid, chairman. After the routine business, a collation was served by Sister Mary Clare, Mother Superior, and a most enjoyable afternoon was spent.

PENNSYLVANIA

Philadelphia.—THE ALUMNÆ ASSOCIATION OF THE PRESBYTERIAN HOSPITAL held its annual meeting May 14. The following officers were elected: Adele

Neeb, president; Jennie Manly, vice-president; Myrtle Weaver, secretary; Frances Hostetter, treasurer. The retiring president, Margaret A. Dunlop, was heartily congratulated on her appointment as matron and superintendent of nurses of the Pennsylvania Hospital. Miss Dunlop graduated in 1907 and for a time was head nurse of a private patient department of the hospital. Since January, 1900, she has ably and efficiently filled the position of assistant directress of nurses, and as she has seemed a part of the hospital to so many for so long, she will be greatly missed. The alumnae association wish Miss Dunlop success and happiness in her new sphere of labor.

MRS. L. W. QUINTARD, for a number of years superintendent of the Visiting Nurse Society, 1340 Lombard Street, has resigned her position. She will sail for England August 7, after visiting friends and relations in Canada.

AT A SPECIAL MEETING of the Directors of the Graduate Nurses' Association of Pennsylvania, held at 922 Spruce Street, June 23, 1909, Mary J. Weir, Braddock General Hospital, Braddock, was duly elected treasurer to succeed the late Mr. Wm. R. McNaughton.

EMILY ADA PAYNE, a graduate of the Royal Infirmary, Edinburgh, Scotland, and for the last two years matron and superintendent of nurses of the Pennsylvania Hospital, resigned her position June 1, 1909, and was married on Monday, June 7, to Mr. John Coats Browne, a prominent citizen of Philadelphia. Miss Payne, after her graduation, engaged in private nursing in Paris, France, for a short time, coming to Philadelphia in 1895, when she entered the Pennsylvania Hospital and successively filled the positions of clinic nurse, night superintendent, and assistant superintendent of nurses. In 1901 Miss Payne was appointed superintendent of nurses in a hospital in Columbia, Missouri, and later to a similar position in the Women's and Children's Hospital in San Francisco, California. When a vacancy occurred in the Episcopal Hospital the managers of that hospital invited Miss Payne to return to Philadelphia, where she remained as chief nurse for three years. In 1907 she became matron and superintendent of nurses in the Pennsylvania Hospital. Miss Payne was a most efficient and capable superintendent of nurses, winning the devotion and love of all her pupils to an unusual degree. Her associates extend to her their best wishes for her future happiness.

Scranton.—THE MOSES TAYLOR HOSPITAL TRAINING SCHOOL FOR NURSES held its commencement exercises on the evening of June 17. The address was given by Dr. David Bovaird, of New York. The diplomas were presented by Mr. Moses Taylor, president of the hospital. There were seven graduates. Following the exercises a reception and dance were given at the nurses' home.

THE FIFTH ANNUAL MEETING of the Moses Taylor Hospital Alumnae Association was held at the nurses' home on the afternoon of June 18. The following officers were elected for the ensuing year: president, Leonore Stalnaker; vice-president, Nettie M. Evans; secretary and treasurer, Amanda M. Davis. Agnes Farrell was elected chairman of the Benefit Fund Committee.

Adrian.—THE ALUMNÆ ASSOCIATION OF ADRIAN HOSPITAL NURSES held its semi-annual meeting and banquet at the home of Dr. and Mrs. C. R. Stevenson, June 16. Eighteen members were present. Three new members were received. Officers were elected for the ensuing year. The business having been completed, a sumptuous repast was then enjoyed and appreciated by all. The next meeting of the alumnae association will be held at the Adrian Hospital the first Wednesday in January, 1910.

VIRGINIA

Norfolk.—THE VIRGINIA STATE ASSOCIATION held its annual meeting in the rooms of the Medical Society of Norfolk on Tuesday and Wednesday, June 16 and 17. The attendance was small, but the interest of those present was very evident and enthusiasm was not lacking. The president, Louise Powell, in her address laid special emphasis on the advantages of the Hospital Economics Course, and urged that those who could not take the full course should get the advantages of the course in dietetics if possible. A very fine paper by Miss Tracy on "A Study of Invalid Occupation in the Training School for Nurses, Adams Nervine, Mass.," was read by Miss Cocke. Miss Eakins, superintendent of St. Christopher's Hospital, Norfolk, read a paper on "The Graduate Nurse on Duty in the Hospital from the Superintendent's Point of View." Miss Mellichamp, a private duty nurse of Norfolk, read a paper on "The Graduate Nurse on Duty in the Hospital from the Nurse's Point of View." This was followed by long and animated discussion. Miss Cocke repeated by request her paper read at the annual meeting in Danville, last year, on "The Obligations of the Registered Nurse." The report of the State Board of Examiners showed a great increase in the number of applicants for examination, and stated that "the June examinations promise to be the largest ever held." It was decided to have the next meeting of the state association in Richmond in January, 1910, hoping by a mid-winter session to have a large attendance. The social features carried out the proverbial hospitality of Norfolk and were a reception at the Monticello Hotel, on Tuesday night, the 15th, an afternoon tea and reception at the Protestant Hospital, and a "Shore Dinner" at the Casino, Cape Henry, where only the proverbial Dutchman who had said his famous grace of "Oh Lord, give me capacity!" could have done justice to the abundance and variety of sea food with which the hostesses provided their guests.

Fredericksburg.—THE MARY WASHINGTON HOSPITAL held its first graduating exercises in the college hall April 20. Three nurses graduated. A reception to the nurses followed the graduating exercises.

Richmond.—SARAH E. ROLLER, class of 1909, Memorial Hospital, has been appointed school nurse at the Infirmary of the Female Normal School, Farmville. Rose Hancock, class of 1906, is superintendent of the Johnston-Willis Sanatorium, a private hospital recently opened in Richmond. Frankie Liggett, class of 1908, and Elsie English are with her as head nurses.

FLORIDA

Jacksonville.—THE FLORIDA ASSOCIATION OF GRADUATE NURSES effected a permanent organization in May, and all efforts are tending to make state registration an accomplished fact in the near future.

THE ST. LUKE'S HOSPITAL TRAINING SCHOOL FOR NURSES graduated its sixteenth class on May 6. Addresses were made by Colonel Carter, of the metropolis, and the mayor of Jacksonville. The diplomas were presented by Colonel Cockrell, the president of the Board of Directors, and the medical staff, through Dr. James D. Love, gave to each graduate a piece of jewelry. The Hippocratic Oath was administered by the superintendent of St. Luke's. Music and an informal reception closed the program. There were four graduates. The school has a two and one-half years' course and includes beside the usual branches, contagious diseases, massage, obstetrics, and dietetics. The superintendent is

Mary A. Baker, R.N., New York City Hospital, N. Y.; assistant, Miss Florence Waters, R.N., of the Church Home and Infirmary, Baltimore, Md. The operating room has been for two years in charge of Miss Helen Muller, R.N., St. Joseph's Hospital, Baltimore. The dietitian is Miss Chrissie Hill, a graduate of Pratt Institute, N. Y. This school has been a leaven in the state for many years and is expecting to be housed in new buildings very shortly. It has just secured a commodious nurses' home, an appropriation from the city, a site for its new hospital, and its organization has been radically changed.

OHIO

Cleveland.—MISS M. E. ALLEN, graduate of the Toronto General Hospital, was appointed night supervisor of the Lakeside Hospital on July 1.

ILLINOIS

Chicago.—WESLEY HOSPITAL graduated seventeen nurses in June. Commencement exercises were held in the new gymnasium at Evanston, with other Northwestern graduates. The hospital has been affiliated with Northwestern Medical School for the last three years. The alumnae gives an annual banquet to each outgoing class. This year the banquet was held at Union League Club, Jackson Boulevard. Wesley graduates are always welcome. A number of Wesley graduates attended the Minneapolis convention. Miss Nicholas was sent as a delegate. Miss Moler and Miss Boyd, who are doing private nursing in Hastings, Nebraska, were among the members present. Marian Belle Nuckles, class of 1907, has left for New York to take a six months' post-graduate course at Polyclinic Hospital.

IOWA

Dubuque.—THE SIXTH ANNUAL MEETING of the Iowa State Association of Registered Nurses was held at Dubuque, June 4 and 5, and the following is a brief summary of the business transacted at that time: A standing committee of five was created to act with the National Almshouse Committee. Much enthusiasm was manifested in regard to the Hospital Economics Course, and it was voted to contribute the sum of \$25.00 plus the amount remaining of the \$25.00 donated to the nurses' exhibit at the National Congress on Tuberculosis held at Washington, D. C., last year. It was also suggested that each nurse who wished to do so should contribute one day's wages to this fund, which suggestion was favorably received. Miss Jane Garrad of Davenport, Iowa, was elected as delegate to the National Convention in 1910 with Miss Helen Balcum of Dubuque as alternate. The next annual state meeting will be held at Des Moines, Iowa. At the National Convention which immediately followed the state meeting, Iowa had the largest attendance of any state excepting the hostess state, Minnesota, over sixty Iowa nurses being present. A pledge of \$50.00 was made by the Iowa State Association of Registered Nurses toward the purchasing of the JOURNAL stock.

NEBRASKA

Omaha.—THE FIRST ANNUAL COMMENCEMENT EXERCISES of the Wise Memorial Hospital were held at Temple Israel, June 2. There were four graduates. Rabbi Cohn delivered the address. A reception followed in the Vestry room.

COLORADO

Colorado Springs.—THE COLORADO SPRINGS NURSES' REGISTRY ASSOCIATION held its July meeting in Stratton Park. There was a discussion as to the best means of dealing with nurses who refuse to be registered, and it was decided that members shall co-operate with the state secretary in bringing such to justice. Miss Lott gave an interesting report of the Minneapolis meetings.

WASHINGTON

Seattle.—THE WASHINGTON STATE GRADUATE NURSES' ASSOCIATION held its fourth annual meeting in Seattle, June 16 and 17. About one hundred visitors and delegates registered at the Woman's Building, Alaska-Yukon-Pacific Exposition. After the addresses of welcome and responses came the president's (Miss M. E. Loomis) address, following which came the presentation of charters to each county association by the president.

Second Session: Greetings from California by Genevieve Cooke, of San Francisco; from Oregon by Miss L. G. Richardson, of Portland. Papers: "Hopeful Aspect of Tuberculosis" by Miss H. L. Washington, Spokane, and another on the same subject by Mrs. S. E. Myers, of Walla Walla. A discussion followed, after which by motion of Mrs. Bessie Davies, visiting and instruction nurse, Antituberculosis League, the following resolution was adopted: "Resolved, that we, the members of the Washington State Graduate Nurses' Association, realizing the great need for immediate action in aiding the Antituberculosis League, do ask that pressure be brought to bear upon the Board of Health, City Commissioners, and the Seattle Federation of Woman's Clubs, that a way be found to care for the poor afflicted with tuberculosis." Paper, "Points on State Registration," by Genevieve Cooke, San Francisco, Cal. Election of officers for 1909-1910 followed. Two amendments to the constitution and by-laws were adopted, one to permit of the election of honorary members and the other the appointment of a standing committee on almshouses. Genevieve Cooke, editor of the *Nurses' Journal of the Pacific Coast*, was the first honorary member to be elected.

THE NURSES' EXAMINING BOARD met for organization on Friday, June 18, and officers were appointed. The board expects to be ready to register nurses in the beginning of September, 1909.

CANADA

Montreal.—MISS GOODHUE, assistant superintendent of the Royal Victoria Hospital, accompanied by Miss Chandler, graduate of the Royal Victoria Hospital, now of New York, sailed for England on June 16. While there they will attend the International Convention of Nurses in London.

BIRTHS

A DAUGHTER to Mr. and Mrs. Robert H. Tarr (née Jessie E. Loyd) on June 22.

At Okmulgee, Oklahoma, on May 24, a son to Mr. and Mrs. Taylor. Mrs. Taylor was Frances E. Miller, class of 1905, Mercer Hospital, Trenton, N. J.

MARRIAGES

ON June 23, Nelle E. Mix, graduate Lakeside School for Nurses, to Dr. W. A. Schlesinger; at home, Cleveland, Ohio.

ON May 24, Gertrude Clive, class of 1905, Wesley Hospital, Chicago, to Dr. E. H. Little, of East Louis. Dr. and Mrs. Little have gone abroad for a year.

ON June 22, at Detroit, Mich., Ida Radtke, class of 1909, Lutheran Hospital, La Crosse, Wis., to Elmer Weber, D.D.S. Dr. and Mrs. Weber are living in Lake Mills, Wis.

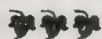
ON June 13 Miss McChesney, class of 1903, Wesley Hospital, Chicago, Ill., to Dr. Wm. Magee. Dr. Magee is a Northwestern graduate of the class of 1905. They will make their home at Netertown, South Dakota, where Dr. Magee has been practicing the past year.

DEATHS

MANY of our readers will learn with regret of the death of Miss M. E. Jones, late matron of the General Hospital, Birmingham, England, on June 6.

MRS. ANNA ELIZA HUBBARD, a widely known nurse during the Civil War, died recently at her home in Chicago, aged eighty-five years. Mrs. Hubbard was appointed a special agent to inspect hospitals, by the New York state government, and served throughout the war.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

THE INNER SHRINE. Harper Brothers, New York.

Speculation has waxed rife over the authorship of this tale which is given to the public anonymously. Whoever the author, one cannot but be under obligation to so kind an interpreter of the younger American women of the day. One likes to think that Marion Grimstone lives across the Park, or that perhaps she has gone to France to teach the Marquis de Bienville a new code of honor. Marion Grimstone, who at the first glance displays absolutely no sign of the fine, high character which takes no count of her happiness when she finds out the complications which involve another woman's honor and display the absolutely false standards which her lover has brought along with him from his native country. Then there is the quite different type of Dorothea Pruyn—a type known long ago to Henry James, but one we had almost lost sight of in the throngs of vicious women who have been pushed before us in so much of the recent fiction. One fancies that the author is young, that she has lived in guarded environment which has enabled her to retain sweet and true ideals, although she has seen Parisian life so intimately that she understands far better than the ordinary Anglo Saxon the curious paradoxes of some of its phases. Her men, too, give one the idea of youthful authorship—Carli Wappinger is little more than a name, his best recommendation Dorothea's love for him. Reggie Bradford, fat, foolish, and incontinent, might be the chance acquaintance of a single meeting, and de Bienville has little personality. The older men she is more intimate with, and they appear from her pen very natural.

We are indebted to this unknown author for a very welcome addition to the fiction of to-day. The novel is clean and wholesome. The story holds the reader's interest and awakens his sympathy, and is altogether what one looks for in a novel—entertaining without straining after morbid effects, natural situations, and on the whole satisfactory climaxes.

THE PROBLEM OF AGE, GROWTH, AND DEATH. A Study of Cytomorphosis. By Charles S. Minot, LL.D. (Yale, Toronto), D.Sc. (Oxford). G. P. Putnam's Sons, New York and London. The Knickerbocker Press.

Edited by Edward Lee Thorndike, Ph.D., of Columbia University, with the co-operation of Frank Evers Beddard, F.R.S., in Great Britain, is the Science Series, of which each volume treats in a thoroughly scientific manner a different department with reference to the latest advance made in this particular branch of science. Each book is written by a specialist and the editors aim at keeping the public constantly informed of the progress of science, and also making more general the diffusion of such knowledge among general readers.

The present volume, based on lectures given at the Lowell Institute by Charles S. Minot, James Stillman, Professor of Comparative Anatomy in the Harvard Medical School, President of the Boston Society of Natural History, is a study of the problem of life, and more particularly of the end of life, old age and death.

Cytomorphosis or the changes in the cells through their formation, growth, differentiation, degeneration, and disintegration, is going on, from the moment of earliest development throughout life and into and after death. We are shown that from the beginning cells are continually dying to make room for new cells. This is called growth. With growth comes differentiation. With the completion of differentiation comes the increase of protoplasm, a sign of senescence or completion of life—the last stage in the cytomorphic cycle. There is no light thrown on the question how may we delay the inevitable end that lies before us, other than that the more haste we make to reach the zenith of life the sooner shall we find ourselves upon the downward incline, the general advice being to take from each moment of life its fullest measure, not hurrying, not delaying, until we come to death, which if we have lived with integrity we ought to enter on confidently without doubts of the unknown.

Considering the subject, the book is written with great lucidity, scientific terms all carrying their proper significance in plain and easily comprehended language. The education of the public along these lines is sure of being accomplished with such literature within reach through the public libraries, etc., and that such education is needed there can be no question. The ignorance of the average young tradesman is illustrated by H. G. Wells in his "Kipps," who having entered on a fortune of twelve hundred pounds sterling a year bethinks himself of improving his mind. A volume of Kirke's "Human Physiology" falling into his hands, he turned over the leaves until he came upon a striking plate, in which a youth of agreeable profile displayed his interior in an unstinted manner to the startled eye. It was a new view of humanity altogether for Kipps and it arrested his mind. "Chubes," he whispered,

“Chubes!” This anatomized figure made him forget for a space that he was “practically a gentleman” altogether, and he was still surveying its extraordinary complications when another reminder of a world quite outside those spheres of ordered gentility into which his dreams had carried him over night arrived in the person of “Chitterlow.”

Kipps in the depths of his ignorance is surrounded by a vast company of his fellows, many of whom regard the science of their own being in exactly the same diffident agony. They are consumed with curiosity but ashamed to manifest the least interest in a subject tabooed by its mysteriousness.

THE SURGICAL TREATMENT OF THE UMBILICAL CORD.—The same journal states that this subject is considered by J. W. Ballantyne, who says that infection in the new-born through the umbilicus is more common than is realized, and he quotes one of the Berlin physicians, who says that 2 per cent. of infant mortality is referable to infection acquired as above stated. Under the author's supervision six different methods were tried on sixteen infants. The plan which he claims alone fulfils the requirements of modern antisepsis was as follows: The cord was cut off flush with the skin of the umbilicus, and the skin surfaces were joined. With a scalpel a circular incision was made at the junction of the infant's skin with the sheath of the cord. The incision was gradually deepened till the vessels were approached; then by careful dissection the vessels were cleaned from the jelly of the cord and tied separately; next the cord was severed, and finally the edges of the skin were freshened and united with silkworm gut or catgut. Ten minutes were required. No jaundice occurred in the four instances in which this plan was followed. Healing of the stumps was complete by the fourth day and the cicatrix retracted. The good results were evidently due to the removal of all the dead structures and the freshening of the cutaneous surfaces. No putrefaction whatever took place. The author anticipates and replies to certain objections which might be made against the method he commends.

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NURSING NEWS AND ANNOUNCEMENTS



As this September issue of the JOURNAL is devoted to the proceedings and papers of the Associated Alumnae, all our regular departments are held over until October, with the exception of the following announcements which cannot be delayed. In accordance with the instructions of the publication committee, some of the discussions of the conventions have been abridged or omitted.

THE ARMY NURSE CORPS

JANE A. DELANO, R.N., has been appointed superintendent of the Army Nurse Corps to fill the vacancy caused by the resignation of Mrs. Dita H. Kinney.

NEW YORK

THE ANNUAL MEETING of the New York State Nurses' Association will be held in New York City, October 19 and 20.

SPECIAL COURSES AT TEACHERS' COLLEGE.—Students who are considering taking the course in Hospital Economics at Teachers' College, New York City, are advised to communicate with the director of the course, Miss Adelaide Nutting, in regard to a new department on Household Arts about to be opened. A preparatory course, which will, in certain schools, shorten the term of hospital training, will be described by Miss Nutting in our next issue.

PENNSYLVANIA

THE BOARD FOR REGISTRATION AND EXAMINATION OF NURSES, under Act 203, organized at Harrisburg, July 22, and elected officers as follows: president, William S. Higbee, M.D.; vice-president, Roberta M. West; secretary-treasurer, Albert E. Blackburn, M.D., 3813 Powelton Avenue, Philadelphia. The other members of the board are: Alice M. Seabrook, M.D., and Ida F. Giles. The secretary of the Board will now receive applications for registration and will forward application blanks as soon as the printing is completed. Pennsylvania nurses are urged to realize the necessity for registration.

ALBERT E. BLACKBURN, M.D., secretary.

MARYLAND

THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold the next examination for state registration October 5, 6, 7, and 8, 1909. All applications should be filed with the secretary before September 21. Applicants will be notified as to time and place.

NANNIE J. LACKLAND, R.N., secretary,
Medical and Chirurgical Library, 1211 Cathedral Street, Baltimore, Md.

DISTRICT OF COLUMBIA

THE NURSES' EXAMINING BOARD of the District of Columbia will hold examination of applicants November 3 and 4, 1909. Apply to the secretary, Katherine Douglass, R.N., 320 East Capitol Street, for particulars.

INDIANA

THE INDIANA STATE NURSES' ASSOCIATION will hold its annual convention in Indianapolis on October 5, 6, and 7. The first two days will be given to state work, the last day to the work of superintendents of hospitals and training schools. An excellent program is nearing completion and will be sent out early. Members will please note the change in time of meeting, as the meetings have heretofore been held in September.

M. D. CURRIE, secretary.

WASHINGTON

THE WASHINGTON STATE BOARD OF EXAMINERS OF NURSES will hold its first examination of applicants for state registration September 29 and 30, commencing at 9 A.M., in the club-house of the Federation of Women's Clubs, 232 Harvard Avenue, North Seattle, and will also pass on applicants eligible for registration without examination. Application blanks can be obtained from Mrs. A. W. Hawley, 718 Howell Street, Seattle, Washington.

CONNECTICUT

CONFERENCE ON PREVENTION OF INFANT MORTALITY.—Under the auspices of the American Academy of Medicine, a conference on the Prevention of Infant Mortality will be held at New Haven, Conn., November 11 and 12, which will be of special interest to nurses engaged in any form of social work.

NEW FALL BOOKS

THE Maxwell and Pope text-book on nursing is being revised and will be out of the hands of the printer, G. P. Putnam and Sons, New York, in the early fall.

Miss Kimber's "Anatomy and Physiology" has been revised by Caroline E. Gray, R.N., of the New York City Training School for Nurses, and is now ready. It is published by the Macmillan Company.

A "Bacteriology for Nurses," by Isabel McIsaac, is promised for September 10, also published by the Macmillan Company.

PROCEEDINGS OF THE
TWELFTH ANNUAL CONVENTION
OF THE
Nurses' Associated Alumnæ
of the United States

HELD IN
MINNEAPOLIS, MINNESOTA

JUNE 10 AND 11, 1909



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Pierce County Graduate Nurses' Association of Tacoma.....	EDITH WELLER
Ramsay County Graduate Nurses' Association of St. Paul.....	E. JAMIESON
Registered Nurses' Association of Des Moines, Iowa.....	E. CAMPBELL
San Francisco County Nurses' Association.....	GENEVIEVE COOKE
Spokane County Graduate Nurses' Association.....	No delegate
Grand Forks Graduate Nurses' Association.....	No delegate
Wayne County Graduate Nurses' Association of Detroit.....	No delegate

TOTALS.

136	Alumnæ Associations,
28	State Associations,
18	County and City Associations,
122	Delegates,
213	Votes.

THE PROCEEDINGS OF THE TWELFTH ANNUAL CONVENTION

MINNEAPOLIS, MINNESOTA, JUNE 10 AND 11, 1909

Thursday, June 10, 1909

MORNING SESSION

THE meeting was called to order by the president, Miss Annie Damer, in the auditorium of the First Baptist Church, at 10 o'clock. She declared the convention open and explained who were entitled to vote. She said further: As you all know, our secretary, Miss Sly, is unable to be with us. We regret exceedingly that she has been ill during the greater part of her appointment. The Executive Committee has appointed Miss Agnes Deans, of Detroit, to temporarily fill the position. Is it your pleasure now to have Miss Deans act as secretary during the continuation of this convention?

On motion of Miss Delano, Miss Deans was appointed to act as secretary of the convention.

The roll of accredited delegates was then called by the secretary.

REPORT OF THE EXECUTIVE COMMITTEE FOR 1908-09

MADAM PRESIDENT AND MEMBERS.—A meeting of the Board of Directors was held at Golden Gate Hall, San Francisco, immediately following the annual meeting.

It was unanimously decided that the Executive Committee consist of the following members: Misses Annie Damer, Anna Davids, Adelaide Nutting, Anna Alline, and Sarah E. Sly.

The standing committees were appointed as published in the annual report. The sum of one hundred dollars was voted to be paid the retiring secretary, Katharine DeWitt, also that a typewriter be purchased for the use of the secretary of the association.

Two meetings of the Executive Committee were held during the year, on October 30, 1908, and January 4, 1909, in New York.

Two certificates of JOURNAL stock were presented to the association by the Johns Hopkins Alumnæ Association. Six shares of JOURNAL stock were purchased from the following: Lavina L. Dock (2), Mary Day Barnes (2), Eleanor Wood (2), promissory notes being issued for these shares.

Referring to a request of Miss Dock, made in her almshouse report in San Francisco, ten dollars was voted to be sent to her to be used for almshouse work, at her discretion.

Directors appointed to represent the association at the JOURNAL stockholders' meeting were Misses Damer, Nutting, Riddle, Samuel, and Krueger.

Miss Krueger declined to serve and Miss Pickhardt was appointed to fill the vacancy.

It was decided that the revision of the constitution and by-laws be referred to a special committee, the same to be appointed at the annual meeting of the association in 1909.

In correspondence with the National Association for the Study and Prevention of Tuberculosis, it was found that affiliation with this body was possible if an officer was a member. The secretary was instructed to fill out membership blank, to represent the association.

The number of alumnae associations admitted to membership 8, total 136; the number of state associations affiliated 3, total 28; the number of county and city associations 18, total 18.

The Board of Directors recommends that the association make a cash payment on three shares of JOURNAL stock, and further recommends that the entire proceedings of this meeting be published in the AMERICAN JOURNAL OF NURSING.

Respectfully submitted,

SARAH E. SLY, secretary.

REPORT OF THE TREASURER FOR THE YEAR 1908-9

CASH RECEIPTS

MISCELLANEOUS:

Initiations	\$45.00
Alumnae association dues	993.00
State association dues	115.00
City and county association dues	70.00
Sale of reports	5.25
Interest on bank balance	23.09
Discount on typewriter	2.05
Exhibits Golden Gate Hall, San Francisco	25.00
Rebate on travelling expenses to San Francisco	29.43
Advance for exchange on checks20
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Total miscellaneous receipts	\$1308.02

SUBSCRIPTIONS TO JOURNAL FUND:

Johns Hopkins Alumnae Association	\$6.00
Nurses' Committee Tuberculosis Congress	31.00
Dividends declared January, 1908	45.00
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Total subscription to JOURNAL fund.....	82.00

SUBSCRIPTION TO ENDOWMENT FUND, HOSPITAL ECONOMICS COURSE:

University Hospital Alumnae Association, Kansas	\$15.00
Children's Hospital Alumnae Association of San Francisco..	25.00

Miss Mary L. Sweeney	\$10.00
Miss Frida L. Hartman	3.00
Bellevue Hospital Alumnae Association	350.00
Nurses of Colorado	49.10
Maine General Hospital Alumnae Association	50.00
Graduate Nurses' Association of New Hampshire	100.00
Graduate Nurses' Association of Indiana	100.00
Graduate Nurses' Association of Lafayette, Indiana	15.00

Total subscriptions to Endowment Fund, Hospital Economics Course	\$ 717.10
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Total cash receipts	\$2107.12
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CASH DISBURSEMENTS

EXPENSE OF ANNUAL MEETING, 1908:

Expenses of officers	\$635.00
Stenographer and transcripts	100.00
Rent of halls for meeting	105.00
Expense of transportation committee	3.00
JOURNAL OF NURSING stock	200.00
Report of meeting	279.72
Total	\$1122.72

MISCELLANEOUS:

Expense Nominating Committee	\$11.60
Expense Executive Committee	21.37
Katharine DeWitt, salary	100.00
Stationery and postage	93.62
Typewriter	102.80
Federation of Nurses dues	15.00
Tuberculosis Association dues	5.00
Toward expenses Almshouse Committee	10.00
Bryan Horton, auditor	10.00
Paid to Miss M. A. Nutting, treasurer, Endowment Fund Hospital Economics Committee	717.10
Total miscellaneous	1086.49
Total disbursements	\$2209.21

NOTE.—In addition to the above, gifts of AMERICAN JOURNAL OF NURSING stock as follows: From Alice Fisher Alumnae Association, Philadelphia Hospital, one share; from Johns Hopkins Hospital Alumnae Association, two shares.

RECAPITULATION

Cash balance on hand April 9, 1908, General Fund.....	\$968.79	
Cash balance on hand April 9, 1908, JOURNAL Fund.....	6.00	
		<hr/>
Total receipts		\$974.79
		<hr/>
Total		\$3081.91
Total disbursements		2209.21
		<hr/>
Cash on hand April 30, 1909:		
General Fund	\$784.70	
JOURNAL Fund	88.00	
		<hr/>
Total cash on hand April 30, 1909.....		\$872.70

ASSETS

Cash on deposit Long Island L. & T. Co.:		
General Fund	\$784.70	
JOURNAL Fund	88.00	
		<hr/>
Total cash	\$872.70	
Twenty-nine shares of AMERICAN JOURNAL OF NURSING stock.....	2900.00	
		<hr/>
Total assets		\$3772.70

LIABILITIES

BILLS PAYABLE:

Note dated November 17, 1908, to L. L. Dock for two shares of AMERICAN JOURNAL OF NURSING stock.....	\$200.00	
Note dated November 23, 1908, to Mary Day Barnes for two shares of AMERICAN JOURNAL OF NURSING stock.....	200.00	
Note dated February 10, 1909, to Eleanor Wharton Wood for two shares of AMERICAN JOURNAL OF NURSING stock....	200.00	
		<hr/>
Total bills payable	\$600.00	
Total liabilities		600.00
		<hr/>
Net assets		\$3172.70

(Signed) ANNA DAVIDS, R.N.

Audited and found correct by David A. Jayne, Charleston, W. Va., May 27, 1909.

The reports were accepted, and the secretary read greetings to the association from Miss Sly of Michigan, and Miss Erickson of California. The secretary *pro tem* was instructed to send a message of greeting and sympathy to the secretary, Miss Sly.

The report of the Committee on Arrangements, Edith P. Rommel, chairman, was read.

REPORT OF THE ELIGIBILITY COMMITTEE

MADAM PRESIDENT AND MEMBERS.—The Committee on Eligibility begs to report the following associations accepted into membership in the Nurses' Associated Alumnae, since the last meeting in San Francisco: Miami Valley Alumnae Association, Dayton, Ohio; Asbury M. E. Alumnae, Minneapolis, Minn.; Swedish Hospital Alumnae, Minneapolis, Minn.; City Hospital Alumnae, Cincinnati, Ohio; St. Joseph's Alumnae, St. Paul, Minn.; Henrotin Memorial Alumnae, Chicago, Ill.; Passavant Alumnae, Chicago, Ill.; St. Mary's Alumnae, San Francisco, Cal.

State associations: Washington, Oklahoma, New Jersey.

County and city associations: King County Graduate Nurses' Association of Seattle, Wash.; Nurses' Registry Association of Colorado Springs, Colorado; Hennepin County Graduate Nurses' Association of Minneapolis, Minn.; Registered Nurses' Association of Des Moines, Iowa; Jefferson County Graduate Nurses' Association of Louisville, Ky.; Wayne County Graduate Nurses' Association of Detroit, Mich.; San Francisco County Graduate Nurses' Association of California; Ramsey County Graduate Nurses' Association of St. Paul, Minn.; Alameda County Graduate Nurses' Association of Oakland, Cal.; Monroe County Registered Nurses' Association of Rochester, N. Y.; Graduate Nurses' Association of Pierce County, Tacoma, Wash.; Spokane County Graduate Nurses' Association of Spokane, Wash.; Graduate Nurses' Association of Cleveland, Ohio; Grand Forks Nurses' Association of Grand Forks, S. Dakota; Kansas City Graduate Nurses' Association, Missouri; Graduate Nurses' Association of Lafayette, Indiana; Graduate Nurses' Association of Indianapolis, Indiana.

Respectfully submitted,

IDA M. TICE

AGNES G. DEANS

ELIZABETH R. P. COCKE

The Program Committee submitted the completed program as its report.

REPORT OF THE NOMINATING COMMITTEE

The chairman of the Nominating Committee, Dr. Helen Parker Criswell, presented a report which included the list of nominations as follows:

President: Miss Isabel McIsaac, Benton Harbor, Mich. Second nomination from the floor. First Vice-President: Miss Genevieve Cooke, Oakland, Cal. Miss Edith P. Rommel, Minneapolis, Minn. Second Vice-President: Mrs. A. R. Colvin, St. Paul, Minn. Mrs. M. E. Moyer, Philadelphia, Pa. Secretary: Miss Agnes G. Deans, Detroit, Mich. Miss Ida Giles, Pittsburgh, Pa. Treasurer: Miss Anna Davids, New York. Mrs. Frederick Tice, Chicago, Ill. Directors (two to be elected to serve for three years): Miss Annie Damer, New York. Mrs. C. V. Twiss, New York. Miss L. Pickhardt, Chicago, Ill. Miss K. DeWitt, Rochester, N. Y. Mrs. Hunter Robb, Cleveland, Ohio. Dr. Helen P. Criswell, San Francisco, Cal.

REPORT OF SPECIAL COMMITTEES

The report of the Committee on the Pension Fund was called for.

MISS DAVIS as chairman of the committee stated: I think it was distinctly understood that there was to be no report on the pension fund at this meeting. I was quite unable to get together the mass of information for this meeting and have it classified, and I was not willing to present it in such a disorganized state. However, it is in such a condition that another committee can put it into shape, if so desired.

THE PRESIDENT.—You have heard Miss Davis's statement. Is it your desire that the committee shall be continued and carried over another year?

On motion of Miss Deans it was so decided.

The president appointed as inspectors of election Misses Henderson, Merrill, Gatzman, and Mrs. Hickey; Miss Henderson to be chairman.

The chair announced that Miss Isabel McIsaac was obliged to resign as nominee for the presidency, owing to business affairs, and that nominations from the floor were in order.

Miss Jane A. Delano of New York was nominated by Miss M. Adelaide Nutting; seconded by Miss Whittaker of Pennsylvania; and Miss Sophia F. Palmer, of Rochester, N. Y., was nominated by Mrs. Ida M. Tice of Chicago; seconded by Miss Dart of Massachusetts.

MISS PALMER.—I would like to endorse the nomination made by Miss Nutting, that of Miss Jane A. Delano of New York. Miss Delano is unwilling to have her name placed upon the ticket because of her friendship for the other candidate. I do not think any consideration of her friendship for me should prevent her accepting the nomination and in your presence I request her to permit her name to go on the ticket. (Later it was reported that Miss Delano consented to allow her name to stand with that of Miss Palmer.)

REPORT OF THE COMMITTEE ON ALMSHOUSE NURSING *

The necessity of keeping work down to proportions that I could deal with has been my excuse for carrying on the almshouse correspondence without conferring with the other members of the committee, for which I apologize to them. As on account of the great pressure on the program of the Federation of Women's Clubs last summer, Mrs. Crane was unable to get the time she had expected for the presentation of this subject, any likelihood of early affiliation of our members with other bodies on the almshouse question was, of course, not to be looked for. The temporary committees which had been promised by our state societies had therefore no functions to perform. Mrs. Crane then determined to bring the question before state federations whenever possible; this, of course, is a slow and arduous piece of work.

My relations have been carried on directly with the presidents of state societies, as it seems that those bodies are the logical ones to look to for executive work in almshouse matters. Suggestions made to them have been: first, that, if possible they go ahead by themselves in getting nurses into the almshouses; it would help Mrs. Crane's movement, and that it was now less important to gather fresh statistics than it was to try placing nurses in almshouses; therefore, if possible, to endeavor to get at least one nurse into an

* Condensed by the editor.

almshouse in each state; and second, to appoint standing committees on almshouse work in each state, to be ready for anything that came up.

The replies from the different states as to these two points, of which I give abstracts, show the present status of both these, as yet, quite rudimentary movements. The whole cause is one that can only move slowly, and I feel that this association will have done the best thing possible for its advancement in getting it placed on the calendars of the state societies every year and made an object of their permanent interest.

Connecticut reports that all almshouses and children's homes are inspected by the State Board of Charities, which has two women on it. In Hartford and New Haven the almshouses have trained nurses in their wards, the former being connected with the city hospital. A standing committee is to be appointed.

Colorado reports that it has, in the usual sense of the word, no almshouses. The poor are taken care of by the county hospitals and county farms. Connected with nearly all of the county hospitals are training schools for nurses. Those patients who need care are transferred from the farms to the hospitals. Some eighteen months ago the state association appointed a committee to visit the institutions and to ascertain the conditions of the same as regards training-school work. They were found in good condition. A standing committee is promised, although, with the favorable conditions in Colorado, it may not have much work to do, unless perhaps to help other states in their movement.

Georgia reports no action taken so far, but promised a standing committee to be appointed in April.

Iowa: A number of almshouses have been investigated and the returns sent to Mrs. Crane. A standing committee is promised, to be appointed in June. Legislative action providing for county hospitals is expected to bring great improvement into the conditions of almshouse sick, and many superintendents of hospitals are asking for wings for the county sick poor.

Illinois: Things have moved in Illinois. Mrs. Crane spoke in Chicago last year and secured the hoped-for affiliation. There is now a joint committee of clubwomen and nurses working on the same plan as in Michigan. The Michigan blanks have been copied, and their reports and the article, "The Forgotten People," are being sent out in every county. Four nurses, members of the state association, have been placed on the State Federation of Women's Clubs.

Wisconsin: Miss Kelly, superintendent of nurses at the County Hospital, Wauwatosa, has succeeded in placing four nurses in the almshouse there.

Massachusetts: A committee of the state association was appointed to investigate the conditions, and a complete census of the state was taken, which was found to be so favorable that there seemed very little for the state association to do.

Minnesota reports that the Executive Committee undertook to further almshouse nursing work, and that a nurse went to the president of the Federation of Women's Clubs with the proposed reform. The Federation being then deeply engaged with legislative effort for an industrial school for girls could promise no immediate assistance but promised to give any assistance in its power after that subject was settled. The Executive Committee will continue to serve.

Michigan: This state, having its joint committee and its work well under way, has nothing new to report.

Maryland: Interesting developments are also taking place in Maryland, though we must not take the credit for them. The care of the indigent sick and insane has been the subject of investigation from other directions—medical men and the State Lunacy Commission. The State Nurses' Association, however, did not fail to make the best use of the opportunities given by the general agitation. A letter says: "As to the action we have been taking here concerning almshouse nursing, we have taken it in connection with the State Lunacy Commission . . . and from the active interest every one is showing there seems little doubt that the Legislature will make the appropriation next year, so that the work can be begun in some of the counties at least. . . . the question here is, not what we will have to do to assist the Lunacy Commission, but, to have nurses prepared to fill these positions when they are ready to be offered to them. We have brought this matter up at practically every one of our meetings, so as to interest our women in this very important work."

Missouri: A thorough canvas has been made by the nurses, who find only one nurse employed in an almshouse. A movement on foot to place three others is reported, but not as the result of action by the nurses. A standing committee has been promised.

Nebraska: A standing committee is promised, and the interest of the nurses also, now that the absorption of passing a registration act is over.

New Jersey: A standing committee is promised.

North Carolina: A standing committee is promised. The state committee, appointed last year, sent out circulars to all the almshouses of the state, about 90 in all, addressed to the county physicians, explaining what they were trying to do and asking for the co-operation of these physicians in the work. Postage for reply was also sent. Only fifteen replies have been received, and of that number only one physician expressed a desire for a trained nurse in the almshouses! The chairman of the committee found, however, an enthusiastic supporter of the idea in the physician of the Forsyth County Home, who is very desirous of placing a trained nurse in charge. Two other towns also show hopeful signs. With these few exceptions the doctors seem to feel satisfied with present conditions. There are a few mild insane, epileptics, and feeble-minded in each county home reported on. They are cared for by the keeper and his wife.

Oregon: A standing committee has been appointed.

Ohio: Careful visits have been made and reports sent, showing great need of nursing. The nurses' committee is arousing interest by writing to public bodies, such as the State Charities Aid.

Oklahoma: The youngest of the state nurses' associations writes that, as we may suppose, they have not had time to take up this question, but that, as soon as they know what we want they will be glad to go into it.

Pennsylvania: The state society will appoint a standing committee, but has so far taken no steps as an association to break the ground for nurses in the almshouses. However, in Harrisburg, the capital, the medical society last winter made public complaint of the lack of isolation and disinfection in the almshouse, where a good many tuberculous patients were cared for; this without any reflection on the humane care of a very admirable warden and his wife, who do more than could be expected of non-professional people;

and following this, the head of the district nursing staff brought the proposal to place a trained nurse in charge of the sick there before the Civic Club, a very able and active club of women. She met with a sympathetic hearing, but it is too soon to expect any definite results.

Rhode Island: A standing committee has been appointed, thorough investigations made and co-operation promised. No action has yet been taken toward placing nurses.

South Carolina: Here the state society has been absorbed with registration matters, but promises active interest in the almshouses later on. Some of the leading women in the state have the matter much at heart, and they have visited and made observations.

Texas: The nurses here, too, have been pre-occupied with registration, but now, their bill being through, they will appoint a committee. The association was much interested in the propaganda for the almshouses, but feels it to be a delicate subject as it is "political," and "political" subjects in Texas seem to be left to the men. Women have little to say as to the welfare of their fellow creatures, I am told. Yet the Federation of Women's Clubs is strong there, and some day it may be found that the care of the sick in the almshouses is really a nursing question and not a political one at all. Or, it may be discovered that all things are political and that the word is not a boggy.

Washington State: Registration has put other things aside for the time being, and the association has not as yet seen its way to a definite promise of a standing committee, but promised to bring it up at the June meeting.

West Virginia: The state has few almshouses, probably not a dozen all told, and the state association, or its president, is trying to get a tuberculosis ward set apart in the one in Charleston.

In closing this report, it may be well to add that, as all the states have sent in from one to a number of the census forms provided by Mrs. Crane, there is very suggestive testimony on the usually entire absence of any segregation, isolation, or disinfection for tuberculous cases in almshouses throughout the country, though almost all report one or more such cases on hand as a rule. No instructions are given systematically as to the care and disposal of sputum, nor as to the protection of other patients. It may easily be seen, then, that our almshouses over the country may be said to be small centres of infection, and it is to be regretted that our inquiries had not had time to be completed last year for the tuberculosis congress, as it might have been useful for the cause to have emphasized at that meeting the neglect of preventive care in these institutions.

Since preparing my report a few additional data have come in, but I think nothing that is of special importance.

Respectfully submitted,

L. L. DICK, chairman.

THE PRESIDENT.—This is certainly a very encouraging report. It just shows what we can do when we make up our minds to do it. I certainly hope this committee will be continued. Is there any further information to go into that record?

MRS. IDA M. TICE.—I want to say that in Illinois in the largest almshouse

they have trained nurses in charge of the sick, and we find that house in a better condition than any other. The philanthropic committee has just begun its work during the present year, but the time is too short to present it at this meeting.

MRS. FREYTAG.—I want to report for Missouri that in St. Louis we have trained nurses in almshouses and have had them for two years, and they are doing good work. I understand there is an opening for three more trained nurses. In Kansas City they are building a new almshouse, in which they hope to have a training school, and in almost every county in Missouri we have our county almshouse charges taken care of in a better manner than formerly. At our last state meeting there was a committee appointed to take up this matter and the chairman said she had sent me a report, but it must have been lost.

DR. CAROLINE HEDGER.—I would like to speak one minute on this question. It is my firm belief that in getting ready for nurses in almshouses you are getting ready for one of the most important points in the prevention of the spread of tuberculosis. The countries that have made the greatest decrease in the death-rate from tuberculosis are England, Germany, Ireland, and Austria. In these countries the advanced cases are forced into the almshouses, they are taken away from their families, and the chance for infection is thereby lessened. If we could adopt some such method, I believe we could make more rapid progress in the prevention of tuberculosis by properly taking care of such cases.

MRS. HUNTER ROBB.—Could we not ask our committee to correlate with the various tuberculosis leagues throughout the country and draw their attention to these needs?

MISS DOCK.—Your committee would be very glad to do so.

MISS BISHOP.—In Cincinnati tuberculosis cases are sent to the general hospital.

MISS JONES.—We have our nurses in almshouses in Virginia.

MISS GOODRICH.—Our tuberculosis patients in New York City are kept separate. All the tuberculosis patients are sent to the Metropolitan Hospital.

MISS YOCUM.—I think there is a trained nurse in charge; I do not think the other nurses are trained.

MISS LENT.—Eight months in almshouses in Baltimore under the direction of trained nurses I consider the best work that the state of Maryland is doing for her almshouses. The advanced cases we send away, and there are only six places in Maryland where they will take advanced cases. They are under the care of trained nurses. There is a house nurse and there are one or two trained nurses working with her.

MISS WEBER.—In Pierce County, Washington, attention is given to these cases in almshouses.

THE PRESIDENT.—Is it your pleasure to continue this special committee?

MISS YOCUM.—I move that the committee as it stands remain. I would also like to add a hearty vote of thanks for the excellent work the committee has done. This was carried.

The president asked for a report of the Public Health Committee. Mrs. A. R. Colvin, the chairman, replied that the committee was without definite instructions, its members were widely scattered, and she had no report to make.

THE PRESIDENT.—It would be a great help to the committee to have some definite suggestions as to which line their work should be directed. See how

valuable the Almshouse Committee is because their work has been directed toward some one particular object. We would be very glad and the members of the committee would be glad if we could have some definite suggestions as to the line of work they should strive to bring before the state associations. As stated in Miss Dock's report, the campaign of registration has ended and in a good many states (23) registration laws have been enacted, and now we want something definite taken up in the matter of preventive work, and the Public Health Committee would welcome suggestions.

MISS GLADWIN suggested that the committee take up the work of venereal prophylaxis.

MISS NUTTING.—I rise to endorse the suggestion that we should work along some definite line. You actually accomplish something in that way, because the field of public health is too general, it is impossible to do effective work unless we specialize in some particular feature.

MISS PALMER.—I wish some one of our practical women would write a paper and tell us how to teach children in regard to the sex question. Some of you know that in addition to editing the JOURNAL I am bringing up a little girl, and I am right up against the question of what to teach her. She is twelve years old. I cannot find anything in pamphlets I have bought that contain a single thing I want to teach the child. All the pamphlets and papers issued by different societies that I have seen say the mother should teach the children those things, but the mother does not know what to teach any more than I do. How can you teach a child, especially a girl, in regard to sex relationship, and what she is to guard against in her association with boys and men? Who knows how to approach that subject in the right way? I confess I do not. There are certain points I dare not touch upon and she is getting too old to go without instruction.

DR. HEDGER.—I quite agree with Miss Palmer that the literature is faulty. There is so much literature that to me seems unhealthy. I still believe the biological basis is the true basis. I believe the biological form should be presented in some way, but it has not yet been worked out. It seems to me it is absolutely safe to tell children the truth.

MRS. HUNTER ROBB.—I should like to refer to the report of Dr. Helen Putnam to the American Medical Association. It was the beginning of the Moral Prophylactic Society started by Dr. Morrow. It is the best report I ever saw. She takes up biology from the beginning. It is going to be worked out in our public schools in time.

MRS. HICKEY.—The county association of nurses has taken up this subject in Seattle and has formed a federation with other county societies. They have asked the superintendent of schools and the school board for a male physician, have asked for a lecturer to speak to the senior class of the high school, and have asked for a lady physician to lecture to the girls on the sex question. We feel that a part of this question is going to be settled by having the mothers with us. We are going to teach the mothers as well as the children. In this connection I would like to say that I think the nurses of the United States should be the first instead of the last to go into the schools. We have been hanging on the outskirts long enough. It seems to me we should be the ones who should ask the superintendents of schools and school boards and college men all over the world to assist in this work. We have college men in Wash-

ington who are so interested in the work that they have made it a special course. I feel that before long Spokane will put nurses into her schools as well as in Seattle and Tacoma. It seems to me that is where the first move should be made; it should come from the nurses.

DR. HEDGER.—I am glad to have that report, but does not the woman from Washington think it is late to begin?

MISS MARY E. GLADWIN.—It is perfectly appalling to note the ignorance in regard to prophylaxis among nurses themselves. We need a post-graduate school. While our work is nearly all biological, I have had difficulty in introducing this teaching in my school and I find the great majority of nurses know little about it, and that little they know has been badly told.

MRS. HIGBEE.—I have the good fortune of being connected with a training school in Omaha, and it was my misfortune that I had no one to help me. Physicians will not teach that point to the nurses. I have not been fortunate enough to be in a training school where I could do that teaching myself, and as far as other nurses are concerned I don't believe they know anything about it. There are few women physicians and they are just like the men.

MISS PALMER.—I have had a different experience in regard to persuading physicians to give practical lectures concerning prophylaxis. One of the first things I did when I went to Washington was to induce the senior surgeon to give a course of lectures to nurses. He said, "I don't know how to talk about it to nurses." I said, "You must go to work and find out how to talk about it." It was done and it was presented in a most acceptable way. When I went to Rochester I interested a woman physician, Dr. Marian Craig Potter, who has written some papers in the *JOURNAL* on that subject. She had not given any special attention to that subject until I urged her to study it. She is now, I believe, one of the best authorities we have. I admit that some superintendents do not accomplish much with this subject, but the fault is in the way they go about it.

MISS FRANKLIN.—It was my business to go into the homes before the babies came and have oversight of them until the mothers could take care of themselves and take care of the babies. I followed those cases up until the baby was grown. Dr. Benson, of the sanitary department of New York, tells me they are not sending out leaflets in different languages, but they are sending them out in the English language. The mothers cannot read English and they must call the children to read them and in that way we are at the same time educating the children.

THE PRESIDENT.—It seems to me the most important subject we can present to the committee is this subject of moral prophylaxis to be introduced into our public schools in some way.

The committee was instructed to continue, with the subject of moral prophylaxis as its special work.

ADDRESS OF THE PRESIDENT

By ANNIE DAMER, R.N.

I WAS requested by the Federation committee to make some suggestions with regard to reorganization and possible affiliation, and I thought it might be well briefly to make those suggestions here.

Our association is getting to be a very big child. We have fifteen thousand members, and we are constantly growing, and it seems that as a national body we should have a more clear and definite form of organization. Whether we can best do that by making some changes in our present organization, or whether we can carry out the work under the American Federation of Nurses is the question. Both have been suggested. I recommend that in order to secure an organization which shall stand as a great national body, a body with power and authority delegated to it by state societies, that shall stand for the things for which we as nurses desire to stand, for which we are working, which shall embody the ideals for which we are striving, that we should form in some way an association which shall include all our state societies or clubs, and take the name of "National Federation" or something that will imply to everybody that we are a national body.

You will find that the name of "Associated Alumnae" is not clear in the minds of the people and not clear to us, because we always speak of ourselves as a national body. The suggestion has been made that the Superintendents' Society affiliate with us and that we have one national society. It appears to me that that would not be possible, and I do not believe it would meet with the approval of the Superintendents' Society. Their membership is individual and their work through the secretary has to be carried on with individual women. Our organization is composed of clubs and associations and the secretary's work lies with associations. But we could reorganize so that instead of having three national associations we could have two national bodies. From the trend of the discussion at our Federation meeting it would seem there was growing up the idea that the Federation was a national body, with judicial powers and authority as a national organization, which it has not. The American Federation of Nurses was organized in order to affiliate with the International Society. That was the sole object. It holds these conferences in connection with the other two societies and forces these two societies to assume the expense

of the meeting, which does not seem exactly fair to the Superintendents' Society that they should have to share equally in carrying on the convention. As time goes on it may seem necessary to hold meetings of that general body, meetings which will continue over more than one day. Our Nurses' Associated Alumnae is growing in interest so that it would seem almost as though we would have to have meetings lasting a week if we are to have any papers presented at all. The committee work is most valuable, the interest shown all over the country is great, and the desire to do something is increasing continually, and it seems to me the most important thing we can do is to organize into a national body, and if there is a sentiment about keeping the name of "American Federation" as it is now, let us take some other name and let us affiliate with the other national association. If the Superintendents' Society does not want to come in, although it would seem much easier for one society to affiliate than for two hundred societies to withdraw from the Associated Alumnae and then apply for affiliation with the national association, it would seem best to keep up the organization of this society.

Then we might go further into details. Some very valuable suggestions have been made as to changes in the by-laws, which are necessary. In regard to permanent membership with this national body, that should be recognized on an entirely individual basis. That question can be taken up later for discussion. Whether the alumnae association remain as a basis of membership can also be determined. There is need and a demand for a national body which is to represent the nurses of the country, which is to give them judicial power and a definite standing before the public as to nursing ideals and work. We do need, either in printed form or some other form, a code of ethics. This is particularly necessary with regard to our relation to the medical profession. The relation in which we stand to them, the relation of our connection with medical work and hospital work, and the objects for which we stand in regard to teaching, the instruction of nurses, our ethical relation as one body to another, and our relation as nurses to one another, and it seems to me we should have a committee to discuss with the medical society committee from each state the establishment of some satisfactory basis of our relations to one another. All these questions come up and we have got to meet them. We are too large a body to go along as we have been going. We have been growing, and now we have reached a stage of growth where we are in a position and in need of formulating something more definite than we are now working under.

We want to take some definite step in regard to our national JOURNAL. At the last meeting your society agreed to offer to buy the shares of stock held by individuals and give notes. This suggestion was made on account of the stringent money market and on account of making pledges to the Hospital Economics course, and they did not think it would be advisable or desirable to ask for money to purchase JOURNAL stock. The suggestion was made to the owners that they sell their stock and take notes, and as you see we have secured only six shares. The directors would suggest that these notes be taken up during the year from the balance in our treasury. You should also decide whether you wish to raise the money in some form to purchase the remainder of the stock and therefore own the JOURNAL.

All through our meetings there has been an evidence of the feeling of unrest among women, and in some cases they have come out openly with a demand for the ballot, and in view of this situation I want to make a plea for the enfranchisement of one class of women, and that is the pupil nurses in our training schools. We are gradually taking the ground that it is woman's place to take part in the affairs of government and the making of laws. We see on many sides women and children being abused and overworked, but we must consider that there is one class of women for whom we can do something as a great body of professional women. We can help the women working in our schools to secure a better adjustment of the hours of labor in our schools. We had a beautiful illustration given us yesterday of the ideals along those lines which we hope to see realized throughout the country. Let us come to the help of those who are striving to make some changes in that respect.

We have had this discussion on the subject of moral prophylaxis, and it has been demonstrated that we, as nurses, know very little about it ourselves; how can we go to the legislature and ask for laws when we know nothing about the subject? We want it taught in our schools and we want to learn a great deal more about it than we do now. We want it felt in our training schools. I am giving my own opinion as a graduate nurse because my whole point of view has been from the position of the graduate nurse.

In going back to the beginning of our training schools I see women who have gone into these schools from their homes. They are not accepted until they are of age, but when they enter such schools they are established in a conventual life, with a strict adherence to military discipline, and when we come out and ask that women be given some share in the national government, let us ask that in our schools our women

who are of age may be permitted something along the line of self government, and teach them to govern themselves when they go out as women to take a position in the community. In seeking the ideals for the protection of womanhood we have got to be taught that we have to be self-governing ourselves. I do wish to appeal most earnestly in this matter, and I also wish to say that it is a question which must be taken up by our educational organizations. It is the graduate nurse that is making the laws for registration, which we have now in twenty-three states. I believe it is a question for the graduate nurses, for their national organization to discuss all these matters relating to the improvement of the nurse for her future life, if they have to accept her as one of their members likewise.

I feel very strongly, fellow members, on this subject. When you are asked to begin work for the enfranchisement of women, begin it right at home.

The president appointed the following committee on resolutions: Mrs. Lockwood, chairman, Granby, Connecticut; Miss Bennett, Spokane, Wash.; Miss Pierson, St. Louis.

THE PRESIDENT.—It is very gratifying to see so large a delegation from Missouri. Three years ago there were parts of the country that were not represented. Now we have delegates from Georgia, Nebraska, Missouri, as well as from Oregon and Southern California. I think they must be all here from the West and the poor old East has forgotten to come, or perhaps the "wise women" have all gone out of the East.

THURSDAY AFTERNOON SESSION

The afternoon session was called to order at 1.30 o'clock.

REPORT OF THE INTER-STATE SECRETARY

[The states that have not sent an "official" report have failed to comply with repeated requests through the JOURNAL, also personal letters asking that they be sent for the Minneapolis meeting. Also, all matters pertaining to boards of examiners is withheld on account of the topic being taken up separately at the conference.]

THE CALIFORNIA STATE NURSES' ASSOCIATION has a membership of 1053, and, with the exception of some changes, it is steadily increasing. The Board of Regents in June decided to undertake the registration of nurses, which obligation was placed upon them by the state legislature in 1905. *The Pacific Coast Journal*, published by the association, continues to be a strong link in advancing the best interests of the nursing profession among the nurses of the state and those of Oregon and Washington.

THE COLORADO STATE TRAINED NURSES' ASSOCIATION was organized in 1904. State registration was secured in 1905, and as reported last year the law was amended in 1907. No legislation has been necessary this year. A number of associations have affiliated with the state association, and it is hoped that in

the future more enthusiasm will be shown by the members, and a greater willingness to assist in any work for the uplifting of the profession.

THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT has held quarterly meetings during the year, two of which have been largely on the discussion of the tuberculosis problem, and one with regard to central directories. The plan adopted at last year's annual meeting for boards of examiners and registration of nurses to co-operate with training-school superintendents to secure uniform entrance requirements and curriculum has not materialized. The state association again recommends such action.

THE GRADUATE NURSES' ASSOCIATION OF THE DISTRICT OF COLUMBIA has investigated the conditions of the single almshouse in the District and found everything very satisfactory. In order to interest the members in local matters relating to hygiene and the public health four lectures and addresses have been given by physicians and other members of the Association for the Prevention of Tuberculosis. A central registry for nurses has been in successful operation since December, 1906. Since January, 1909, none but *registered* nurses are admitted to its benefits, provided they are graduates. A certain number of non-graduates are admitted, as there is a demand for them, but of graduates all must be registered nurses. During the past winter the Columbian Women of the Women's Department, George Washington University, invited the Graduate Nurses' Association to co-operate with them in bringing together the thinking women of Washington. To this end tea was served in the parlors of the Women's Department every afternoon, and on Monday of each week the Graduate Nurses' Association took charge and was hostess. At the last three meetings of the association the matter of establishing a nurses' club has been under discussion. Recently \$25 was raised by contributions of members to help a deaconess who had fallen a victim to tuberculosis and was unable to pay her expenses while under treatment.

THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES reports a contribution of \$50 towards the Hospital Economics Fund at Teachers' College, also a contribution of the same amount towards establishing a district nurse in Augusta. The association is affiliated with the Associated Charities and the Tuberculosis and Visiting Nurses' Association of Atlanta, also the Associated Charities of Augusta. Delegates were sent to the State Federation of Women's Clubs and to the Tuberculosis Congress, the latter at the request of the governor. An effort is being made to raise money to assist in establishing a state tuberculosis sanitarium. Towards this end booklets are printed containing coupons which the members are selling for 25 cents each, the idea being that each member of the association raise \$5.

THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES reports a membership of nearly 700. *The Quarterly* is still edited and published by the association, and is not only greatly appreciated by the members but has proven a valuable agent in holding together the interest of the nurses of the state. The regular quarterly meetings have been held, three in Chicago, and a two-day meeting in Quincy in May. A special Tuberculosis Committee was appointed early last fall, and \$1200 has been raised with which to build a shack for the use of graduate nurses who have contracted tuberculosis. This shack is to be in connection with some already established sanitarium, thus lessening the expense of administration. A shack large enough to accommodate six patients,

equipped with bath, dressing room, etc., has been considered. The committee has in view endowment features dependent upon the amount of money given, which will assist in paying the board of nurses occupying the shack but who are unable to pay for themselves. The state board of examiners has been appointed by Governor Deneen and after organization registered 98 nurses at its last meeting. The legislative committee has been called upon to defend an amendment offered in both Houses to increase the membership of the board of examiners to seven members. No change in the law is desired at this time, as the association feels that the present board should be given an opportunity to show its ability to carry out the provisions of the law. The association continues its affiliation with the Illinois Federation of Women's Clubs.

THE INDIANA STATE NURSES' ASSOCIATION does not report great things actually accomplished during the year, but the work is going on and growing steadily. The membership has reached 218, and all affiliated societies in the state report increase in members and interest. Through the persistent efforts of the legislative committee a threatened attack on the board of examiners was averted.

THE IOWA STATE ASSOCIATION OF REGISTERED NURSES reports a membership of 331. At the last annual meeting 78 new members were admitted, but owing to the change in the constitution, necessitated by the registration law making registration obligatory to eligibility to state membership, a number of former members were found to be ineligible, owing to their not having registered. The name of the association has been changed to the Iowa State Association of *Registered* Nurses instead of graduate nurses. The state board of examiners holds two examinations yearly and has now registered 842 nurses. In order to obtain better educational standards, the association has been working for an inspector of training schools. The association contributed to the fund in connection with the National Tuberculosis Congress. Special work is being done in some of the large cities of the state to interest and instruct the general public as to the work and need for the visiting nurse.

THE KENTUCKY STATE ASSOCIATION OF GRADUATE NURSES reports a far less strenuous year than the preceding, owing to the legislature not being in session, but work along various lines has been progressing slowly and steadily. At the last annual meeting ten cents per capita was voted toward the Travelling Library Fund of the State Federation of Women's Clubs. Bookcases are carried over the mountains on mules from one town to another, distances not being measured by miles, but by so many hours and days. The association has contributed \$100 to the Hospital Economics Endowment Fund. A very cordial and harmonious spirit exists among the nurses of the state and each year the membership is increasing. The public is gradually being enlightened as to the need of state registration for nurses, and a revised bill will be presented at the next session of the legislature. The almshouse committee reports a favorable condition of the majority of the county houses visited. The inquiries followed the investigation of the Board of Children's Guardians, which did most commendable work in removing all children from the almshouses.

THE MASSACHUSETTS STATE NURSES' ASSOCIATION held a mid-winter meeting in Boston in January for the purpose of discussing the bill for state registration. It was learned that a bill demanding two years' training in a hospital involved a principle which Massachusetts has always refused to put

into law. Doctors, lawyers, and others who have asked for registration have not been able to secure the passage of a law demanding that applicants be graduates of any special school or that they take any special course, but that they pass the required examination. The association was advised to accept the best legislation obtainable at present, and trust to the future for higher standards. Miss S. F. Palmer was guest of honor at this meeting and her wise counsel was great encouragement. The bill was presented to the legislature and a hearing was given by the Committee on Public Health, but the members and their friends failed to convince them that the legislation asked for was needed and the bill was therefore withdrawn for the fourth time. The members are not wholly discouraged though the obstacles to overcome are great.

THE MARYLAND STATE ASSOCIATION has a membership of nearly 330, representing fourteen different schools of the state. A society composed of superintendents of training schools has been organized this year for the purpose of establishing a uniform curriculum for all the schools. Much enthusiasm has been shown by the members, and already a course of lectures has been made out, and it is hoped by autumn that a part of this new system at least will be ready to put into effect in the schools. The question of fitness for membership from an *educational* standpoint has settled itself by the society recognizing that the *active* members of the association must be *registered* nurses, and that special provision must be made for those nurses living in the state who cannot become registered nurses, under "associate membership," which simply gives them the privilege of attending meetings without taking any active part. Among a few of the successful and effective pieces of work done by the association has been the placing of a nurse for one year in the field for the care of tuberculosis patients. The association has been called upon to assist the State Lunacy Commission in its active campaign to get state care for the insane; and they have co-operated with all other associations in the state in the advancement of health problems. The last step formed is the establishment of a central directory, and it is hoped that it may be under the auspices of the state association.

THE MICHIGAN STATE NURSES' ASSOCIATION has turned its entire efforts this year toward legislative work in the interest of its bill, which was presented for the third time in the House in February. It passed the House in April by a vote of 69 to 7. On the last afternoon of the session of the Senate, May 19, Senator Barnaby of Grand Rapids called for the nurses' bill. It was read for the third time and passed *at once* by a *unanimous* vote. It was signed by the governor and has become a law. The year has been the most strenuous one of the organization in outlining the most effective plans of procedure and in carrying these plans to a successful issue. Miss Isabel McIsaac very kindly gave a week in lecturing to nurses in the principal cities of Michigan, and her efforts were greatly appreciated. Mrs. G. O. Switzer of Ludington took charge of the upper part of the state and Miss Lulu Durkee of Detroit talked to the nurses in Saginaw and Bay City, both accomplishing good results. The responsibility of the campaign has been borne by the Executive Board and the Legislative Committee, but the final victory was accomplished only through the faithful and persistent efforts of Representative Rice who *fathered* the bill, and Mr. C. F. Schneider and Mr. John Blodgett, both of Grand Rapids. Some compromises have been made, but the vital, essential features have been preserved.

THE MINNESOTA STATE NURSES' ASSOCIATION has held two meetings during the year. At the annual meeting the constitution and by-laws were revised, combining the office of secretary and treasurer; election to this office to be *permanent*. Assistant secretary and corresponding secretary to be elected annually. The contract with the Courant Publishing Company has been renewed, but instead of *two entire issues* of the magazine edited by the association, *three pages only* will appear in each issue. *The Courant* continues to be a monthly magazine and the official organ of the Federated Clubs of Minnesota, Wisconsin, and South Dakota. During the year ten shares of Courant stock were purchased.

THE MISSOURI STATE NURSES' ASSOCIATION has an increase in membership of 132 since the meeting in San Francisco. The important work of the year has been revising the bill for state registration and preparation for the legislative work which has been very successful. The bill became a law in April. Needless to say the nurses of the state are jubilant over their victory, and are justly proud of Miss Forrester and others, whose untiring efforts secured the passage of the law. Central directories have been established in both Kansas City and St. Louis.

THE NEBRASKA STATE ASSOCIATION OF GRADUATE NURSES has had a busy year in drafting a bill for state registration, followed by strenuous legislative work which resulted in securing the passage of the bill on March 24, 1909. The administration of the law is in the hands of the state board of health which consists of the governor, attorney-general, state treasurer, and superintendent of public instruction. Three secretaries are to be appointed by the board of health from nurses engaged in active work who will act in the capacity of assistants, but according to the law the state association cannot control these appointments.

THE GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE reports that nearly 200 nurses have availed themselves of the privilege of state registration. At the annual meeting in 1908, committees were appointed for each county to learn something of existing conditions in the almshouses, following the plan outlined by Mrs. Crane. Reports were received from seven of the ten counties (one having no almshouse), and revealed good management and gratifying conditions throughout the state. Much interest has been manifested in the organization of county societies. Ten dollars was subscribed by individual members toward the expense of the tuberculosis exhibit in Washington.

THE NEW YORK STATE NURSES' ASSOCIATION held its annual meeting in Buffalo in October, 1908. The treasurer's report showed the association to be in good financial condition in spite of heavy expenses. During the year \$250 have been paid to the Associated Alumnae for stock in the AMERICAN JOURNAL OF NURSING; \$200 to the Hospital Economics Course for current expenses; and \$250 for the Endowment Fund. Two new associations have been admitted to membership, and several individual members. A state committee on Red Cross work has been appointed, also a new committee on "District Chairmen." This committee is to divide the state into districts, appointing a chairman for each, whose duty it will be to look after the interests of the nurses in her district, supplying information on nursing affairs, and endeavoring in every way to further the interests and raise the standards of the profession.

THE NORTH CAROLINA STATE NURSES' ASSOCIATION has a membership of 139. The annual meeting held in Durham in June, 1908, was very encouraging,

with an increased number of nurses in attendance. Thirty-five recent graduates in Durham, representing *fifteen* of the *eighteen* training schools of the state, passed the state board examination and were admitted to membership. The chief work of the association this year has been a renewed effort to secure the establishment of a preparatory course of lectures for nurses at the State Normal and Industrial College at Greensboro. As the co-operation of the superintendents of training schools was absolutely essential, communications were sent to the different schools. Sixteen of the eighteen training schools have now strongly endorsed the establishment of such a course and the communications are now before the trustees of the college awaiting their decision. Twenty-five dollars has been contributed toward the Endowment Fund and a sum contributed by individual members was donated toward defraying the expenses of the tuberculosis exhibit at Washington.

THE OHIO STATE ASSOCIATION OF GRADUATE NURSES has a membership of 370. An attempt has been made to secure state registration, but the bill has met with strong opposition from the medical profession. It was not thought best to present the bill again this year, but it is hoped that through the educational committee a better understanding of its provisions may be brought about.

THE OREGON STATE NURSES' ASSOCIATION reports a membership of 70. During the year a cottage for tubercular nurses was completed at the Portland Open-Air Sanitarium at a cost of \$1000. It is a model cottage well furnished to accommodate two patients. A member of the association has succeeded in having a trained nurse placed in charge of the Portland Baby Home, a charitable institution for the care of foundlings. The work of greatest interest this year is building up a central registry for nurses under the auspices of the state association.

THE GRADUATE NURSES' ASSOCIATION OF PENNSYLVANIA reports that the year 1908 was almost entirely devoted to work on the bill for state registration. In October, Ida F. Giles was appointed field secretary to tour the state, lecturing to nurses, doctors, and law-makers on state registration, with the result that the bill, as amended on third reading in the Senate, was signed by the governor in April. The bill, as passed, provides that the governor shall appoint a State Board of Examiners for Registration of Nurses, composed of five members; three of said members shall be physicians, two of whom shall be connected in an official capacity with public hospitals where nurses' training schools are maintained, and all of whom shall have practiced their profession in the state of Pennsylvania for at least five years immediately preceding the time of their appointment, and the remaining two members shall be nurses graduated from training schools connected with hospitals where practical and theoretical instruction is given in general, surgical, and medical nursing, and who shall have been engaged in nursing for at least five years since graduation. In October the first number of *The Quarterly* appeared. It is edited by the association for the purpose of instructing graduate nurses in the aims of the state association.

THE GRADUATE NURSES' ASSOCIATION OF TEXAS has succeeded in passing a bill which became a law on March 25, 1909. The bill provides for an examining board, composed of five nurses, appointed by the governor. The entire board is re-appointed every two years by the governor.

THE GRADUATE NURSES' ASSOCIATION OF VIRGINIA has been trying to

strengthen the weak links in its membership list, and to this end the working members and executive board have organized in every city or town a committee of nurses, whose duty it is to interest the more recent graduates of the hospitals in the work of the association and their duty in sustaining it. An earnest effort is being made to form some concerted plan of action in the fight against tuberculosis and for almshouse nursing.

THE GRADUATE NURSES' ASSOCIATION OF WEST VIRGINIA was successful in defeating amendments to its law which several doctors introduced. The most important was to admit all graduate nurses to registration in West Virginia without examination until January, 1910, after that time to make registration obligatory. Other than the attempt at amendment, the law has not met with any opposition, and 242 nurses have been registered. The principal work of the association accomplished this year was the founding of a State Association of Training-school Superintendents. It is to be divided into sections and meet quarterly to discuss problems of mutual interest. Miss S. F. Palmer was guest of honor at the third annual meeting held in October and read an interesting and instructive paper on "The Educational Effect of Registration."

THE WASHINGTON STATE GRADUATE NURSES' ASSOCIATION became affiliated with the Associated Alumnae at the San Francisco convention. In May, 1908, the Legislative Committee made its first draft of a bill for state registration. At the annual meeting in June the bill was discussed, revised, ordered printed, and to be presented at the coming legislature. For the purpose of more effective work the state was divided into an eastern and western section, with councillors for each who were to meet every month. Mrs. R. E. Buchanan, a representative from Spokane, and Miss Laura MacMillan from Seattle were appointed and commenced their work in December. So effective was their work that the bill was passed and became a law on March 3, 1909.

SUMMARY.—The following states have associations, but not affiliated: Louisiana, South Carolina, Wyoming, Tennessee, and Idaho (last three organized within a year).

Kansas and Montana are preparing to organize, also Wisconsin. Of the 33 states organized, 28 are affiliated with the Associated Alumnae, 3 having been accepted this year, namely, Washington, New Jersey, and Oklahoma.

This has indeed been the banner year for the passage of bills which are as follows: Wyoming, Oklahoma, Washington, Nebraska, Texas, Missouri, Pennsylvania, and Michigan, making 24 states in all which have secured legal enactment.

The Registration Chart which was so carefully prepared in 1907-1908 by Miss M. L. Daniels of Salem, Mass., is still awaiting the action of the Executive Board to authorize its publication in the JOURNAL.

It is recommended that hereafter the reports from county and city associations be incorporated in the general report, as they are in reality the foundation now of the work of the states.

The courtesies extended by the officers of the affiliated associations and the AMERICAN JOURNAL OF NURSING have always been prompt and cordial, and grateful recognition is hereby made.

Respectfully submitted,

SARAH E. SLY, Inter-state Secretary.

Mrs. Robb's paper as chairman of the committee on Red Cross work was partly read at the Federation meeting and re-read at the Associated Alumnae. After the convention the paper was taken by Mrs. Robb for correction and has not been returned to the secretary, so it is impossible to publish it. Without the original paper the discussion would be unintelligible. Only the official action taken by the association, which followed the reading of the paper and the discussion, is here given. This is comprised in the following resolution which was presented by Miss Palmer, who said, in introducing it:

In order to open the discussion I have been asked to submit a resolution. First I want to say that although I am not an active nurse in service I am a member of the National Red Cross Society as an officer in our Rochester Branch. The work of our Red Cross, its motives, and objects are constantly brought before me in various ways simply through my official connection with the society. For that reason I think my feeling in this is perhaps a little different from that of some others, and it seems to me that in considering this whole subject of our Red Cross affiliation we should not lose sight of our relation to the Red Cross. It is not so much a matter of professional recognition as it is a question of patriotism and philanthropy. Now I want to read this resolution as a means of opening a discussion on this matter:

"Resolved, That the American Federation of Nurses affiliate in a body with the National Red Cross Society, and that nurses be nominated by this association to serve with the National Red Cross committee as outlined by the National War Relief Board."

With the exception of the substitution of the words "the Nurses' Associated Alumnae" in place of the "Federation of Nurses," the resolution was adopted as read (the recommendation of the War Relief Committee being that a national Red Cross committee on nursing should be composed of fifteen members, nine of them nurses).

STATE SUPERVISION OF NURSING SCHOOLS IN NEW YORK

By ANNA L. ALLINE, R.N.
Inspector of Nurse Training Schools.

THE training schools for nurses in the state of New York were, by the passing of the Nurse Practice Act, put on an educational basis by being placed under the authority of the state board which controls every educational institution of the state, whether it is a public school, college, or university, regardless of the course of study, whether it is kindergarten, mathematics, music, art, agriculture, medicine, or law.

The word education encompasses the whole system. This system is called the University of the State of New York, and is governed by a Board of Regents consisting of eleven men elected at a joint session of the Senate and Assembly, men who have been active educators, leaders in educational matters. The Regents appoint a commissioner who has charge of the department. The work is classed under three heads, as

higher education, secondary, and elementary, each having an assistant commissioner in charge of the details of the work. The nursing division is classed as higher education and is looked after by the first assistant. Though the Regents are "great men" they are resident citizens of the various sections of the state and on hospital boards. They are keenly alive to hospital and training-school interests. Let me assure you they know of the nursing department in no superficial or general way, but they know and discuss it in detail.

The interests of the schools are closely guarded, and the strength and power of this backing is telling more and more day by day, as school after school is made to feel that just and considerate measures are required which tend to improve the school, increase its benefits, and further the usefulness of the hospital.

A large part of the new correspondence comes to the desk of the first assistant commissioner; to this he gives his personal attention. He also sees trustees, doctors, superintendents, or nurses who come in the interest of schools or nursing. As he is called from time to time to other cities he has investigated conditions of schools that were lax about meeting requirements. In other words, as he has to pass judgment on nursing matters, he intends to understand them and nothing passes over his signature unless he thoroughly believes in its policy.

I have gone thus fully into the foregoing matter that you may understand that the Board of Regents is no mere figure-head. I urge you to have the assistance of the State Board of Education if you can possibly do so.

The examinations are handled in a special division of the department which has to do with that work alone. The Board of Examiners will report its work later, time need not be taken for it here.

The Statistics Division has been trying to get its information in such shape as to make a valuable report, but it has not come in in a satisfactory way as yet. The blank has been revised again and I believe this year a fuller report will be given. These blanks are now being sent out, two to each school, that the school may keep one blank for reference and return the other to the department. The superintendent usually fills in these papers, but they must be certified to by the president of the Board of Trustees. The points covered are the theoretical course, in a general way, the practical work somewhat in detail, numerous questions in regard to the faculty and pupils, and a few in regard to buildings and equipment.

The Inspection Division of the department is the division in closest touch with the schools. The method of conducting this part of the

work is the same as that followed for all other educational institutions. Personal inspection is made of all registered schools once a year and reports placed on file. For schools in general, above the minimum standard, while they are constantly changing and steadily improving, one visit a year is all that is necessary, though frequently a consultation is asked for and other visits are made; but the work with these schools is the smallest part of the inspection service, as there are many schools that of necessity require many visits, and not only the school but the hospital officers and committees have to be interviewed. Sometimes it seems best to meet them at the hospital, again it may be wisest to meet them at their homes. As the work is constructive, not destructive, the situation is studied from all standpoints, the defects pointed out, and remedies suggested. When reports of such visits are made to the Inspection Division letters are sent to the hospitals commending whatever is noted as improvements and stating the suggestions that have been made for further development. Thus with the members of the committee understanding the need and the letter formulating it in a way to be presented to the Board at the next meeting the chances are in favor of some definite action being taken.

Any school seeking registration is cared for in much the same way, excepting that it goes to the first assistant commissioner instead of the chief of the Inspection Division. If the school meets the requirement of the statute the report is sent to the Regents with recommendations for registration, and awaits their sanction. If in any way it does not meet the requirement of the statute or regulations of the department, suggestions are made, as previously mentioned, and correspondence or probably another visit may be necessary before it can be recommended for registration.

The points noted in inspection are in regard to the capacity of the hospital and daily average of patients, the departments of service provided and classes of patients served, the number of students enrolled, the number of graduate nurses employed, the number of nurses sent out for affiliation and the number received,—for how long a period and in what department,—amount of preliminary instruction during probation, general remarks on theoretical instruction in lectures and lessons, the hours on and off duty, day and night, length of vacation, the number of hours per week in class and lecture, and the amount of monthly allowance; the educational qualification, keeping records of all work of the students, reference library, and all matters pertaining to the home. These points are brought up one after another and noted for the regular report, but another purpose is accomplished which is fully

as valuable; it offers an opportunity to systematically cover all the essential matter relating to the course, and the students' records need to be consulted and application blanks examined. Attention is called to all particulars where there seems to be any deficiency and often they are remedied at once. It is good for superintendents to view the whole field at one sitting so to speak; they see its varied and numerous parts often, but seldom consider it as a whole. Then a trip is made through the institution and the home. This reveals much that cannot be told on paper, but really puts one in touch with the true inwardness of things which speak for themselves, as to whether a place is wholesome or not. It is plain to be seen whether the inmates are patients or cases, whether the nurses are students or machines, and whether the superintendent is in charge of the institution or the institution in charge of the superintendent.

With this constant and systematic visiting the schools are becoming known, the strong points and weak points are studied in themselves and compared with the standards. There is nothing gained by comparing one school with another, for the conditions are so unlike, but now that the standards have been fixed for certain essentials it is of great benefit to see where the course exceeds the requirements and what departments can be improved that the course may be rounded out in a practical and symmetrical way. That the nursing section might have all of the advantages afforded other bodies associated in the Education Department, Commissioner Draper was asked to appoint an Advisory Council. This favor he promptly granted, appointing four nurses well known as representing the best interests of the profession and familiar with the details of the various classes and kinds of schools. A medical man was appointed to represent the State Hospital for the Insane because of his intimate knowledge of their needs and great interest in their development. This Council meets from time to time on the call of the first assistant commissioner to discuss matters of importance in the interpretation of the law and adjusting the regulations to the best interests and needs of the school. As the members are located in various parts of the state it is a help to the inspector to consult them in local matters and to have more frequent interviews than would be possible by calling them all together as a committee.

The first aid demanded by the registered schools was a general outline of the course of study for their guidance. This was prepared by a special committee, printed, and distributed to all the schools. It did much in paving the way for a clear understanding of the law and application of better principles. The study and use of this syllabus

developed ideas of a more simple form of outline, and the bulletin was revised a few months ago. It presents an outline of a course, general in scope but conservative in its demands. It is closely followed in many schools and will be the basis of the courses worked out for the coming year in a large majority of the schools. Inspection revealed a great need of a simple form of records of students in their practical work and classes. In a number of schools there was no record at all and a change of superintendents meant more or less disastrous results for the nurses.

A special committee appointed from the State Nurses' Association made a most careful study of forms from the various schools and prepared a system of records simple but comprehensive, applicable to large or small schools. Models of the form prepared were printed and distributed by the department to all schools. It has been quite universally adopted. As before stated the Examining Board has full charge of the examinations, but that subject must be given due consideration in the supervision of the schools. Registration is voluntarily sought by the schools, but sometimes that seems to be the only wish of the officers and no further thought of maintaining the standards or keeping the regulations seems to them necessary, and their responsibility of sending nurses to the Regents' examination has never occurred to them. But not so with the Education Department. The following letter has been sent to schools which were not taking advantage of the examinations.

ALBANY, May 3, 1909.

TO SUPERINTENDENTS OF NURSE TRAINING SCHOOLS:

Schools registered with the Regents of the University of the State of New York agree to comply with the regulations governing the education of nurses under the Nurse Practice Act. One of the regulations of the Education Department governing nurse training requires final examination and the granting of the right to use the words "registered nurse" to all candidates passing said examination. Schools that do not send their students up for the state examination are not meeting the requirements of the department nor are they carrying out the intent and purpose of the Nurse Practice Act. The value of registration of a school depends largely upon the proportion of students receiving the degree of "registered nurse." The improvement in those schools which have made the greatest progress is due directly to registration. Schools in other states feel the good of it and are making improvements to meet our requirements to give their nurses the benefit of the use of the R.N. degree in order that they may obtain positions in nursing in our hospitals and organizations. In many institutions nurses who have not the right to use the letters R.N. are debarred from positions. The R.N. title is also invaluable when seeking admission to city registries and to organizations such as the Red Cross.

The degree R.N. for the private nurse is the strongest means of protecting the profession and the public against the fraudulent nursing often done by pupils dismissed from schools and against those who failed to complete the

course. It is also the surest means of ending the career of those institutions which have short courses and are without any hospital connections whatever. It should be the pride of every school to have all of its graduates receive the R.N. degree.

All students admitted to registered schools should be made perfectly familiar with the Nurse Practice Act and what it stands for. They should be made to understand that they are expected to complete the full course which includes the state examination. It would be well if a statement in regard to this could be inserted in the contract which every nurse is required to sign when she is accepted as a member of the school.

It appears to me that the responsibility in this matter rests upon the superintendent of the training school, and I am sure that you as superintendent will do everything in your power to build up the work of professional nursing to the end that incompetent and untrained nurses shall soon be wholly unable to deceive the public.

May we ask for your hearty co-operation in this matter.

Yours respectfully,

AUGUSTUS J. DOWNING,
First Assistant Comm. of Education.

The private duty nurses have been most reluctant to make the effort to register; their main argument has been that they could not see what good it would do them. Is it of no value to them to have their profession standardized and legalized? The opportunity is offered them to stand with those of high ideals and aid in progressive measures or, if they so choose, to class themselves with untrained and dismissed nurses.

The reports of the examination throw light on the character of instruction given. Taking the report of an entire class it can be clearly seen in what subjects their instruction was thorough or superficial, and as a rule the superintendent can tell when as a class her students have low marks in a subject whether it was the fault of the instructor, lack of time for study, or limited experience in the wards, and this gives her a forceful argument to use in correcting the defect.

This general view suggests at least three factors important in conducting the work. First, the law, plain, simple, and practical, calling for proper education of the nurse and protection for the public. Second, a system carefully worked out by people of brains and training and constantly strengthened by further study. Third, the binding together of these various schools throughout the state making one great co-operative body.

The third full canvass of the state is nearly completed. The progress on the whole is satisfactory and in many instances marvellous, the prospects are good.

The statute as passed in the beginning still stands and there is no

immediate prospect of a change. It was not as high a standard in some respects as some of our states have, but was high enough to make it necessary for many schools to put forth their best efforts to reach it. When the majority of schools can maintain the established standard it will be time to consider making it higher. The most reasonable step to take next is better protection of what we have. The lawyer in the department is putting considerable study on this to find some way of strengthening it.

There has been great improvement in the course of study, better application of theory to practical work, better methods of teaching are employed, instructors are selected for their ability to teach, and closer supervision of the practical work. Great improvements have been made in the homes; there are but very few bad homes.

We talk of large and small schools, but size denotes nothing of character. A school obtaining its experience in a hospital having a daily average of fifty patients may have more of the essential departments for a full course of training than a hospital having one hundred and fifty patients. We have, however, three classes of schools having very distinctive features, the general hospitals, the state hospitals for the insane, and the sanitariums.

A number of our state hospital schools have made marked improvements. The nurses receive training for a specified time in each of the many departments of the hospital, giving them quite a varied experience. The theoretical course is greatly improved as the interest of the instructors has been aroused. Graduate nurses instead of charge attendants have been placed in charge of wards where pupil nurses are in training. The nurses have a distinctive uniform and are grouped in a section of the home. The most promising feature of all was the creation of the position of superintendent of the training school. This will give women of ability and experience an opportunity to further the development of these schools much faster and more satisfactorily than heretofore. The state hospital schools are now offering post-graduate courses to general hospital nurses. This is an offer well worth considering, for the general hospital nurse is quite useless, if not actually harmful, in caring for mental cases.

The sanitariums have many features most commendable for excellent training purposes. With the affiliations they have with other hospitals their course is most satisfactory.

One school after another is reporting progress in obtaining a sufficient number of candidates able to meet the educational requirement. A number now are not troubled about the "equivalent," as their applicants

send in credentials for the one year high school course. The state hospitals have a surprisingly large number who fully meet the requirement.

The matter of limiting the course to a two-year period proved to be a mistake. Only one school cut way down to the two-year course, but has now added two months; two others that cut down to two years and two months have since added two and three months. Surely there is little to fear from further trouble of this kind, and in the course of time the schools which have been injured will be restored to a more acceptable position.

The truth must be brought to mind once more. It is the faithful nurse who has striven these many years to promote this great cause for God and humanity that deserves the credit for the standing of the profession to-day and its glorious past. To her we must look for still greater accomplishments in the future. As I go about the state and see the splendid work done by our true and loyal women, sacrificing all personal gain, daily giving their best to their chosen work, and see how much they have accomplished with often the dependence of the entire institutional force upon them, I do not, I cannot question the outcome of this great movement of state registration. Its value cannot be estimated.

Having gained so much, and still remaining steadfast, progress must be the watchword now more surely than ever before. Why trouble ourselves about the reward of recognition?—peace of mind in well doing is worth far more than demonstration or public acknowledgment.

MISS KANELY (District of Columbia).—The work of the Nurses' Examining Board in the District of Columbia is much less complex than the same work in any other state or territory, owing to the fact that the area of the District of Columbia is only seventy square miles, and that the number of nurses, registered and unregistered, graduate and non-graduate, does not (probably) exceed six hundred. Their standing, moral and professional, can thus be personally ascertained in the large majority of cases, and this simplifies matters to a great extent.

In the early days of registration a large percentage of those applying were entitled to register without examination, according to the law, and to those who could do so registration seemed to be desirable. But when it came to the class that were required to pass an examination, registration did not seem to be so ardently desired, at least not to the extent of forcing the average person to prepare for and undergo the ordeal of an examination. Consequently, nurses graduating from training schools in the District of Columbia since the passage of the law have not registered in great numbers, and do not seem to feel the title "registered nurse" to be of much importance.

The examinations consist of a written test on five subjects: (1) anatomy and physiology; (2) materia medica and dietetics; (3) obstetrics and gynæco-

logical nursing; (4) medical nursing and emergencies; (5) surgery and contagious diseases; and an oral test on practical nursing. As it was impossible to obtain a suitable place and the material to conduct a practical demonstration of these subjects, this test is made by close questioning as to methods and means.

The examinations are conducted along civil service lines, the idea being that each question should have an equal value or importance and a marking of 10, so that the total for each paper and the oral test is 100, there being ten questions on each paper.

In making up the papers it seems difficult to make each question of equal importance, but in the main it can be done by combining two or even three less important ones under one head. An average of 70 per cent. in each subject is required for passing. If the candidate falls below 70 per cent., but *not* below 60 per cent. in two subjects, she can take those two subjects over immediately. If she falls below 70 per cent. in two subjects and below 60 per cent. in either or both she must wait until the next examination and take it entire. If she falls below 70 per cent. in one subject, but not below 50 per cent. she can take that subject again immediately.

Each examiner has a written subject, makes up the ten questions on her subject, and submits them to a meeting of the whole board for criticism or approval. At examination time each candidate is given a number, and the list of names is sealed in an envelope, so that in looking over the papers the examiner knows only the number.

The candidates are given a printed sheet of simple rules, adapted from the civil service rules, which were found necessary after the first examination of even so small a number as fourteen, such as, "Do not ask any one for information," "Do not talk to any one, etc., etc." The candidates are instructed to bring pen, ink, pencil, eraser, and scratch paper. The board furnishes only the examination paper, which is ruled fool's-cap with an inch margin on the left, which the rules instruct the candidates to leave free for the markings.

Each paper is first marked in blue pencil by the board member to whom that subject belongs, and marked a second time in red pencil by another member of the board, the average of these two markings is taken and set down in ink as the final average for that paper.

The total percentage of all subjects is taken, both written and oral, the oral test, like the written ones counting 100 per cent., and this sum divided by six gives the percentage obtained by the candidate. If the papers show a deficiency in good English expression or spelling $1\frac{1}{2}$ per cent. is deducted from the sum total.

The District of Columbia law provides for the registration of training schools as a preliminary to the registration of individuals. The board recommends a course including instruction, practical and theoretical, in all the branches included in the board examination, and if a training school is unable to furnish instruction in any of these branches it is refused registration until it can furnish by affiliation the instruction lacking. In several instances schools have been able to accomplish this to the benefit of their pupils in training and of nursing educational standards.

In regard to the training schools in the District of Columbia, as more candidates are examined from those schools than from any others, the board considered that if they promise to furnish the required instruction, and their

pupils are able to pass the board examinations, the result speaks for itself. If a candidate from any school fails it behooves the school to try to discover whether the fault is in the individual or in the school itself, and remedy the defect if such exist. In every examination the lowest averages have usually been obtained in materia medica and dietetics.

Up to the present time it has been required of training schools that their pupils have a grammar school education only, owing to the difficulty or impossibility of obtaining many pupils of a higher education. It is hoped in time to make the standard a high school education or its equivalent, but that is impossible at present.

THE PRESIDENT.—We will now call for very short reports from the different state boards of examiners as to details of their work; something that will be helpful to other state boards.

MRS. LOCKWOOD.—I am a member of the Connecticut state board, but our report is not here. I would like to ask on behalf of Connecticut what proportion of the number of graduates of schools comes up before the State Board of Registration for Examination.

WEST VIRGINIA.—As we as a board have only been in existence eighteen months we have not much experience to go upon, having had only one examination. I would say our greatest problem is to regulate and control small hospitals which have training schools and send their nurses out to do private nursing after from two to six months' residence, using the nurses as a money-making scheme for keeping the hospital afloat.

MISS CURRIE (Indiana).—We accomplished all we could under the law, and the state board requested us to say there were some things very much lacking and they thought perhaps superintendents might in some way influence the nurses to come in and take examinations. For some reason the graduates are not coming forward for examination, but there is a small number, we are glad to say. We have two examinations, spring and fall, and we have over eight hundred nurses registered in the state.

MISS HENDERSON (Illinois).—Illinois has little to report. Although our law has been in effect two years, it is only a short time since the governor appointed the board. We have been rather encouraged by the co-operation of the superintendents, and I think the board had reason to be encouraged with the eagerness with which the nurses were ready to oppose the first amendment before the board, before a single nurse had been registered by our state. This amendment, as our inter-state secretary has given it, was for the purpose of increasing the membership of the board. The activity committee is composed of superintendents of training schools, of some of the larger training schools and one or two of the smaller ones. We hope to get a great deal of help, and we need it in a great state like Illinois. We have only 253 nurses registered and we are still registering. We feel that the greater part of our work is still before us.

MISS FLETCHER (New Hampshire).—Our state society is comparatively young, only two years old, but nurses have taken kindly to the registration laws. We have nearly two hundred members registered in the association, and our work has been directed toward forming local societies.

MISS MARY L. WYCHE (North Carolina).—North Carolina has had state registration of nurses since 1903. We hold our sixth annual examination after

this month. The first time we had only six to take the examination, and last year we had thirty-three or thirty-five. The examining board is composed of five members, three nurses and two doctors, and a quorum is two nurses and one doctor. We meet once a year and have a session of three days with written examinations; no practical examination at all. I think we would be benefited if we did have a practical examination, but we would have to make some changes before we could have it. We feel greatly the need of a broader preparation of our pupils before they enter the hospital. We have a good bill. It was amended in 1907, giving us better requirements, better than we could live up to. We could not supply our hospitals with pupils under its requirements, so we have to be very liberal. We are feeling the need of school perfection and a uniform curriculum. All the smaller hospitals have been begging to adopt it, but we have not been able to get our superintendents together to settle upon the question. I think if we superintendents of training schools would meet together we could formulate something that would be more satisfactory.

MISS EDITH P. ROMMEL (Minnesota).—Minnesota is still registering nurses under the waiver, so we have no regular examination. Our nurses' bill does not go into effect until 1910. This last year we had many more applications than we had before we got our bill. They are beginning to see the importance of it and are registering under the waiver. We have examined nurses in practical work and registered them. The nurses that have come in as a rule have done very well in practical work. There have been 171 nurses registered and there are quite a large number of applications in now.

At this point Miss Genevieve Cooke, first vice-president, assumed the chair.

MISS ANNIE DAMER (New York).—Miss Alline's paper has covered the method of registration and informs you of the board which conducts the examination. The board of examiners is nominated by the state association and appointed by the Regents of the University. They work under the department of education which is part of the university as now controlled. The department conducts the examinations, takes charge of all the applications sent by those who desire to take the examination. All the arrangements are made by the department for conducting the examinations which are held twice a year in four different cities of the state, New York, Albany, Syracuse, and Buffalo. The board meets twice a year to plan examinations and to assign examiners. Two are assigned to New York and one or two to other places. The majority of candidates come from New York City because we have so many schools there. With the increase in the number of applications the board has found it necessary to hold preliminary practical examinations in some of the larger schools in order to have any time given to practical work, which we deem so very important. The written examinations are held at the same time with those of the medical students. The examiners do not attend these examinations. Some one is assigned from the examining officials from the Albany department to conduct the written examinations. The afternoons are taken up with work in the hospitals of the city, two afternoons of the week. Candidates write in the morning and a certain number, as many as the hospital can handle, are sent to the hospital for practical examination in the afternoon. Each writes four mornings and takes practical examination one afternoon. In New York City there were 150 who took the last examination in practical work. The number is increasing. In January, 1906, there were only six who took the examination,

and in June there were sixty-four. They have been increasing until in June, 1908, 260 took the examination in the state, and in February, 1909, there were 237 who took the examination. Of those who took the examination in June 233 passed and 27 failed, and in February 205 passed and 32 failed. The number passing is increasing. The subjects that the Virginia examiner found candidates stumbled over have been the same subjects in New York state. Diet-cooking and nursing of children were the difficult subjects, and I think in the last examination in diet and cooking 80 per cent. failed. Over six thousand have registered in the state already.

I have outlined the method of examination and I will now tell you how the examination papers are disposed of. The papers are all sent to Albany and there assigned for correction. The examination papers are numbered. After marking they are sent back to Albany and also a report to the secretary of the examining board. When they are compiled there is generally a meeting of the board and we are informed of the full number that have passed. The candidates are notified later. The applications are all sent out from the department of education and signed by the different members of the board and then returned to the department from which they were sent out. It is the only way we can handle the great number in New York state. It has increased the work of the department of education to a wonderful extent.

The president, Miss Damer, then resumed the chair.

THE PRESIDENT.—Is there any question to be asked of any member of the board, or any suggestion? Something that may be helpful to carry out the work of the examiners and some of the problems that come up in their states.

MISS EDITH P. ROMMEL.—I would like to ask if there has been any provision made for nurses not being residents of the state. What has been done for nurses who are not doing work in your own state? We are getting applications from all over asking us to register nurses and we have no provision in our state for doing so. We have been at a loss to know what to do in such cases.

MISS HENDERSON.—We have had the same difficulty in Illinois. We consulted the attorney-general who read the law to us. The law says that non-resident nurses cannot register in Illinois unless registered under our registry laws. They might register in their own state; they could always do that. I think we all realize that there are weak points in our laws which we should work to remedy. I think each law should be read by our attorney-general to know where we are.

THE PRESIDENT.—New York state has no reciprocity clause. It has a clause that none but resident nurses can take the examination. The nurse must be a resident of the state in order to register.

MISS HENDERSON.—Are there any states where non-resident nurses are registered?

MRS. E. BALDWIN LOCKWOOD (Connecticut).—To outsiders that come in it is of no value to them except as an honorary degree. A Connecticut degree does not amount to anything for her if she is in New York or any other state, but many of our nurses wanted a Connecticut "R.N.," so it has been granted under those conditions that it is not lawful under other state laws.

THE PRESIDENT.—Of what value is it to a nurse in another state?

MRS. LOCKWOOD.—Only to show that she is worthy of registration in Connecticut if she is in a state that has no registration law.

MISS COOKE.—There are nurses in California who are registered in Maryland and it is not necessary they should go to Maryland to obtain that registration. I know an instance of Illinois nurses residing in California who feel badly because they cannot be registered in their own state. Maryland nurses do not have to go to Maryland to obtain registration to receive their "R.N." in Maryland.

MISS THOMPSON.—I had my "R.N." registered in New York state while working in California.

MRS. FREYTAG (Missouri).—Missouri has just passed a law which provides for registration of nurses from other states who shall present to the board of examiners a certified copy of the certificate of registration from any other state which the board shall deem equivalent to those of the state of Missouri.

MISS AHRENS.—I would like to ask some one from Maryland to explain the kind of registration, whether they are registered from any state.

MISS M. E. LENT.—We only register our own nurses. We have two examinations, one in June and another in October. Up to 1905 there were but five candidates and many registered as old nurses before our examinations began. Our nurses were allowed to register before examinations were held.

MISS AHRENS.—I do not feel that my question has been answered. I appreciate the fact that nurses were registered without examination, but were they registered where they were residing in different parts of the country for a short time?

MISS LENT.—Yes.

MISS ELDREDGE.—May I ask the delegate from Washington state whether, where a nurse has a temporary residence, perhaps some years outside of the state, and her legal residence is in the state of Illinois, she can register at present?

MRS. HICKEY.—I think in almost every state six months' residence in the state affords her a legal residence in that state, but if you are in a state two or three years and your home is in another state it is not considered as your legal residence. When we were preparing our law to go to the legislature we found every state had that regulation unless the parties were students. I am speaking of students in this connection. According to our law which was passed and went into effect in February only those nurses who were then residents could pass without examination. Now all nurses will be required to take the examination.

THE PRESIDENT.—The legal residence of an unmarried woman is wherever she likes to claim it. It makes it very possible for those who are living in other states, if the law permits, to claim a legal residence and be registered. In New York we have registered missionary nurses from Africa and we have sometimes registered women temporarily out of the state. We have to make sure that the legal residence they claim is their legal residence, that they have lived in New York state or were born there. That, of course, is under the waiver. Those training came up for examination immediately after graduating. They do not receive their state certificate until they have received their school diploma.

FRIDAY MORNING SESSION

SOME ASPECTS OF THE TUBERCULOSIS PROBLEM *

BY ELSIE M. COURRIER,
Oakland, California.

"PROBABLY most of us here to-day have had tuberculosis and recovered from it." When Sir Clifford Allbut made this remark to a British audience ten years ago, it caused a distinct shock. To-day it is a statement whose general application we accept with the composure born of the somewhat long-standing knowledge of the fact, but to be singled out individually and told in the voice of conviction, founded on the invaluable, if gruesome, pathological evidence of the autopsy room that the chances are very fair that you to-day are harboring in your lungs little imprisoned colonies of the enemy, seasoned veterans who sleep with one eye open, and who, if injected into the long-suffering guinea-pig, will kill him at the rate of 70 per cent.—this even we might find a disconcerting, if not a surprising, statement.

Every one is some time or other a little tuberculous, declare the German experts. Appalling at first, but as a matter of fact immensely encouraging. According to recognized authorities, we have the consoling discovery that not more than one individual in seven of fair average health exposed to a definite infection succumbs.

According to post-mortem findings one person out of every seven dying from other causes has a walled off tubercular cavity of which he was probably never conscious, and those dying from tuberculosis have been found to have thrown off from five to fifteen previous milder infections. I quote thus fully from Dr. Woods Hutchinson in order to show what a very personal problem this may be to us and that we are not in a position to absolutely plead "not guilty."

When, about thirty years ago, the world began to awaken from its stupor of centuries and to realize that this one great disease, alone, was killing one-seventh of all people born under civilization, no wonder we were appalled at the outlook. We were sadly familiar with death by that process known as going into a decline, a favorite method of re-

* Some phrases and ideas have been quoted from articles by Dr. Woods Hutchinson, because of the weight of his words and opinion, because they will bear repeating, and because some one has said that next to the originator of a good sentence is the quoter.

moving the heroine in the romantic novel. What could be done in such a case but bow in submission to the inscrutable ways of Providence? It seems incredible now, but such was the light in which smallpox was regarded by the physicians of the mediæval schools, but this resigned knowledge of the inevitable was quite different from reading in cold hard figures and unescapable percentages just how many of the race were killed by it. Departments of health were just fairly started on an accurate system of statistics. So much for good bookkeeping. One-seventh of all the deaths literally came to be a war-cry.

Eliminating, for the moment, the burden of saving, as best we may, from one-half to one-third of those in whom the disease has the upper hand, it places before us the far more cheerful task of building and increasing this natural resistance until not merely 70 per cent. of all who are attacked will throw it off, but perhaps 90 per cent. This brings us to the keynote of the problem. We must plan to stop consumption by preventing the consumptive. And the important and valuable features of this campaign are the nature of the methods employed. The impetus was given, and through the efforts of patient scientific research, and spurred on by the threatening cold black-and-white columns of statistics, we have reached at last a definite grasp on the problem and our present attitude to fight it out on lines of prevention, if it takes all summer.

First comes our natural and powerful ally, immunity, the resistance of the human body, technically that outpost of our antituberculosis army, the white blood-cell. If there are billions of them, there are billions of us, and as Dr. Hutchinson quaintly remarks, "These cells of ours are no Sunday-school class. They are old and tough and cunning,—war veterans, whose daily business for some thousands of years has been the eating and digesting of the microbe."

Next, common-sense backed by science presented us with three glittering weapons—sunshine, food, fresh air. There was a new word of power—the open-air treatment. Eighty to 90 per cent. of incipient cases were curable, but cure was a poor weapon compared with prevention. Then came the cheering discovery that after all cure was prevention. The enemies of the disease were our best friends. Sunlight killed the germs as certainly as it gave new life to the patient. Science demonstrated that while the dust taken from the walls and floors of tenements, theatres, churches, and street cars was found to be alive with tubercular germs, on the contrary the walls and floors of tents and cottages where consumptives were being sheltered were almost entirely free from these germs, and right here I wish to remind you that there

is scarcely a single case on record of the transmission of tuberculosis to a physician, nurse, or attendant in a properly equipped institution for its cure. This is a significant fact, which we may well note when we recall the dearth of enthusiasm among the members of our profession for this most deserving class of cases. From science, also, came the comforting discovery that though these germs were horribly omnipresent, and apparently infecting both the heavens and the earth, they had neither wings nor legs, and were subject to the law of gravity. Take care of the sputum, and keep down the dust. House reform! House reform!

The future battle-ground against tuberculosis is in the home, the efforts largely upon the protection of the children. Death lurks on the dirty floor of the dark, damp tenement where elders spit and children crawl, or in the sacred precincts of the equally dark and unventilated parlor. "The most striking feature about tuberculosis," says Flick, "is that it depends entirely on the house. If we had no houses, we would have no tuberculosis."

This brings us to the educational problem. Humanity must be taught the gospel of fresh air and sunlight. If the whole civilized community could take a moderate form of the open-air treatment, its health and efficiency would be so vastly improved, and so much expenditure on relief funds might be saved, that it would be well worth all it cost if tuberculosis had never been heard of. The whole world must be enlisted. Educational propaganda in the form of the warning and the object lesson are of a very certain value. Consider just one stirring if much abused phrase, "The great white plague of the North." Who can estimate how great a factor this one brilliant epithet was in fixing the public mind on consumption as a definite problem?

Education must reach those who will be taught; compulsory legislation those who through ignorance will not. Already, efforts in this direction bear fruit, although in instances we see results that are pathetic or absurd. Many are the trials of the district nurse in her struggles against blind ignorance or perversity. I cannot forbear quoting an article from the *Educational Review* which came to my notice, although it is somewhat of a digression, entitled "Why Education is a Failure." It reads: "The *Educational Review* has received a composition written by a fourteen year old American boy in a Springfield, Mass., school after visiting the recent tubercular exhibit in New York. It tells its own story. 'Tuberculosis was started in 1884 by Dr. Trudeau who had it in the Adirondacks. Although consumption is not inherited, and does not belong to this climate, it is getting very popular.

It is often cured. For instance, a young boy was operated on for appendicitis, but when opened, his appendice were found to be full of tubercle. He was quickly sewed up, and his father bought him a sweater, an out-of-door outfit, and now he is doing well. In Colorado, where people have consumption, they had to take their furniture out and build a tent, and live in it out of doors. In one of the pictures of Colorado, it shows where a man sat twelve hours with his hands folded. The people of Colorado was very healthy, but Colorado is a very consumptive state; also, Massachusetts. Twelve good breaths a day will cure consumption. Consumption is a germ disease, and three quarters of all consumptives are cured. I saw the germ. It is a big white ball with blue spots on it.'"

This is hardly a fair illustration of the inefficiency of education, but there is a serious side to the difficulties of this movement, well known to its workers. What is to reach the army of ignorant, vicious, depraved, and often non-English-speaking people, whom poverty, overcrowding, and our pernicious system of foreign immigration have placed among us? Can they be taught a sufficient knowledge of the subject to be anything but an ever-present menace in our midst? Assuredly, there must be laws to step in where other measures fail. The beginning of these laws we see. The results of reform are manifest, and as Osler puts it, "We run barely half the risk of dying of tuberculosis that our parents did, and one-fourth of that of our grandparents."

But the question arises, how many generations will it take at the present rate to reduce the risk entirely? Civilization is curing its own ills, but by such slow degrees that, as Dr. Young of Arizona writes, "Nations may rise and fall; armies may come and go, but for generations to come, the international army engaged in its struggle against tuberculosis will have innumerable battles to fight."

Let us remember that tuberculosis is a very ancient enemy to mankind. In the fifth century B.C., Hypocrates announced that phthisis taken early can be cured. Aristotle, a century later, notes that the Greeks believed it to be contagious. Had they coupled this belief with 20th century reform, this day and generation would not be engaged in its present struggle. In the first century B.C., Celsus recommends change of climate, especially life at sea! Did we not suppose the change of climate idea originated with this generation? France in the early days, by proper isolation of cases, well nigh rid herself of tuberculosis, but, reposing in a state of over-confidence, she began to be remiss in caring for her tubercular, and to-day is as sorely desolated as the rest of the world.

Some thousand years since the Greeks taught that tuberculosis was contagious, we have an annual death-rate from it of 150,000 in our modern and enlightened United States alone. "Tuberculosis causes a monetary loss of \$1,000,000,000 a year to the United States," says Dr. Langley Porter of San Francisco; "if the people of the States would stop to consider that one individual who was infected was the means of spreading the disease to, on an average, ten other persons, they would rise up and demand a revolution in legislative laws that would force people to take ordinary precautions for the isolation and prevention of the disease."

The medical profession knows how to cure and how to prevent tuberculosis, but the question of the total eradication of the disease lies in the hands of statesmen. There may be no valid reason for the panic-stricken dread of the intelligent and cleanly consumptive or the tendency to make him an outcast, but the ignorant and apathetic victim of this disease, careless and filthy in his habits, while an object demanding our sincere pity, becomes also one of dread and menace, against whom the cry of unclean may well be raised in view of the survival of the fittest. No wonder the eminent James Whittaker, after a series of warning illustrations, said in his lectures, "Gentlemen, I implore you, damn the sputum." By all means, damn the sputum, but to do so effectively is a greater task than to dam the Mississippi, or for that matter, all the great rivers of all the world. It is easy to tell the ignorant consumptive what he should do, but it would require the services of a guardian angel apiece to follow him about and see that he does it. Those who will not take proper precautions, either through ignorance, perversity, or their own weakness and wretchedness, and the apathy of approaching the solution, should be removed by rigid process of law to proper and comfortable surroundings where their habits may be supervised, *for spit they will*. This would not only be kindness to the consumptive, himself, but to his family and the community. No undue and misdirected mercy is shown the smallpox patient, or the hapless leper; why then this sentiment regarding the isolation of the dangerous and probably hopeless victim of an infectious malady, which claims approximately a million lives a year?

Says Dr. Woods Hutchinson in a recent article: "As a council of perfection, the ideal procedure would be to promptly remove each consumptive, as soon as discovered, from his house and place him in a public sanitarium provided by the state, for the sake of removing him from the conditions which cause the disease, of placing him under conditions more hopeful, and for prevention of further infection. The

only valid objections to such a plan are those of expense, but when we have become properly aroused, and awake to the huge and almost incredible burden which this disease with its 160,000 deaths a year is now imposing on the United States, then our community will ultimately assume this expense, but so long as our motto remains, 'Millions for cure, but nothing for prevention,' we will dodge this issue." Should expense be a consideration in view of the facts and figures which we cannot dodge? Says the great master, Pasteur: "It is in the power of mankind to make all infectious disease disappear from the world." Think of the glamor of this possibility. Millions of lives sacrificed and yet this disease can be made to disappear from the world. And then the shame of it is that we have to consider the expense, with millions sacrificed annually to our present political system of what we have come to call "graft," and solutions of this expense problem on all sides, if we but have the power to make them.

In several parts of the United States they are now beginning to establish colonies for poor people suffering from tuberculosis. The co-operative colony and farm system may be a practical solution of expense. It is no altruistic dream to suggest that the Federal Government might clear itself, or perhaps even derive revenue to further the work, from a well-established system of compulsory colonization, farming and state sanitarium, whereby the very ill were cared for, poor convalescents partly worked their way, and the rich paid, for by the rule of isolation the rich would be compelled to patronize the state sanitarium, always bearing in mind that there would be proper segregation of cases. The efficiency of the one mill tax has already been demonstrated, a special tuberculosis tax might be entirely justifiable. When equal suffrage becomes general, the country is full of millionaires and bachelors, for instance, just tempting Providence as legitimate victims of such a tax.

Unfortunately, preventive protection is largely summed up in a few Don'ts, and after that, you take your chance of one in four to one in seven, according to various authorities. Take twelve good breaths a day, as the school boy says, and trust Providence, or immunity, according to your point of view. All about you, this omnipresent disease, with very few restrictions placed by authorities.

I have been beating retreats from brooms and clouds of dust rising from antique carpets since I entered the hotel where I temporarily reside and I have no assurance that the previous occupant of my room was not tubercular and that those same clouds of dust are not alive with designing microbes—and as a proof of the probability of this will state

that one of the highest tuberculosis death-rates is to be found among the hotel chambermaids of our large cities.

And yet this disease is banishable from the earth if the people so will. Just some millions of dollars to be repaid four fold to the state when its eradication will have stopped the present drain caused by the loss of one-seventh of the ablest members of society and the expense its presence now imposes. In other words, just some paltry millions, or billions, for isolation.

I know much of this sounds visionary, idealistic, and may be, in instances, hard on the individual, but every eventually successful project was once an ideal; and to be directly harsh is often to be indirectly kind. "Sentiments which to most of us seem fundamental and innate are only matters of habit. Studying various peoples and ages we find that ideas on most social subjects are entirely movable. Marriage, eugenics, economics, civics, education, hygiene, and medicine are all branches of sociology and must join hands,"¹ and to become powers it would seem must become not only social but legislative issues.

It is sure to come some day, but are we to work under disadvantages for another generation, or are we going to—may I say?—get busy, and try to obtain a wise, just process of law? We have been saying for so long that this is a free country that I think that remark belongs on the "bromide" list, but under this present free and glorious system, if I had time, I could quote statistics that would make us think that we were on at least four straight roads to rack and ruin, and I think you will all agree, after some of the discussions of these meetings, that we do need some governmental housekeeping.

Now, in conclusion, I have three deductions to present to you in the form of questions for discussion: first, are we working on just the right track, considering that forty years after the discovery of the tuberculosis bacillus, and the hopeful predictions made at that time that another generation would see the stamping out of the disease—we are, to quote Dr. Warfield of St. Louis, "still agitating, we might say, just in the middle of the agitation, to organize and fight tuberculosis;" second, are not insufficient funds and neglect of the rule of isolation the chief handicaps? third, is it not of foremost importance that a strenuous effort be made to educate the people that rigid laws to control the spread of tuberculosis are for their own good, if not always their own convenience, to spur them on to pass those laws, and ought it not to be the duty of every enlightened individual to work toward the end

¹ Quoted from *McClure's* for June.

whereby instead of having to depend on the voluntary subscriptions of a few, that the governing forces of our states will have been induced to pass laws for the protection of the people against this disease, appropriation of state moneys and, if necessary, compelling each individual to pay his small share in the general expense? If not, why not?

ELLEN N. LAMOTTE, R.N. (Baltimore).—In discussing Miss Courrier's able paper on "Some Aspects of the Tuberculosis Problem" our attention centres on two statements—education for those who will learn and compulsory segregation for those who will not.

At the point where education fails to protect the community, stronger measures must be put in force. Just at present the guileless public is in possession of a mighty idea—an obsession—to the effect that "the careful consumptive is not a menace." This sentiment is repeated far and wide, the length and breadth of the land—wherever the tuberculosis campaign has been carried, this war-cry has gone with it. At the Tuberculosis Congress in Washington last fall the whole building was filled with riotous signs to this effect, on every wall, in every corridor, on banners and posters, tuberculosis societies here, antituberculosis societies there, all alike shouting it out, "The Careful Consumptive is not a Menace." Small wonder then that the guileless public has come to believe that a system that proclaims that the careful consumptive is not a menace, is at the same time producing consumptives of the most scrupulously careful sort. In our opinion this effect was pernicious to a degree. The initiated understood, but the public did not. The public saw, what?—an immense array of associations and institutions all proclaiming the same fact; and was thus duped by a false sense of security, both as to the amount of work being done, and the quality of the results obtained. It created a false impression and we who know the truth should speak it.

If "education" produced careful consumptives it would be well, but while the consumptive is allowed at large in the community, subject to no restrictions of any kind, education is barren of results. The only place where a consumptive can be *adequately careful*—and I take it we want adequate, not partial or relative carefulness—is in a hospital for the segregation of advanced cases. There and there only is he not a menace.

For nearly six years the Visiting Nurse Association of Baltimore has been doing tuberculosis work, during which time we have cared for almost four thousand consumptives. Of the 1160 patients that came under the personal observation of the writer, classification has been made according to the amount of care that they were able to exercise in order to safeguard their families and the community. Here is the showing, as reported to the Tuberculosis Congress last year: Adequately careful, 9; fairly careful, 143; careless, 719; grossly careless, 299; total, 1160. Months of patient teaching had been spent on these patients, by the doctors, other nurses than the writer, charity agents, and so forth. The failure was not due to lack of teaching. It lay with the class of people to be taught, who, by reason of poverty, ignorance, and environment, had been crushed into a position in which they could not apply this teaching to their daily lives.

But carelessness of the rights of others is not confined entirely to people

of this class. I have no figures to prove this contention, but we are all familiar with educated and intelligent people,—people who should know better,—who have tuberculosis, yet who are no whit more careful or considerate of the health of the community than the dwellers in the poorest homes.

In many states there are laws requiring that all cases of tuberculosis be reported to the Board of Health. The law should further provide that all consumptives, rich or poor, regardless of class distinction, should be under supervision in their own homes. The paramount consideration should be the health of the community. At the point at which a patient is so careless as to endanger the other members of his household, or other people, the state should interfere. This carelessness may either be due to helplessness or selfishness, but in any case it should not be tolerated. A tuberculous patient should only be allowed at large in the community when he can prove to a trained and impartial inspector that he is not a menace to it.

THE PRESIDENT.—I might say in reply to Miss Courrier's question as to whether we were on the right track after working forty years, the prediction was made at that time that the disease would be stamped out. As part of the public community interested in the health of the public, are we as nurses satisfied that we are working along the right line? Is there nothing more that we could do?

MISS SYMONS.—About two miles out of the city the state has bought a farm and they are now building a tuberculosis sanitarium. It is said to be the best sanitarium in Ohio. They have their own lighting and heating power, and now they have finished the hospital proper and are building homes for the attendants and nurses, and it is to be a regular open-air sanitarium for tuberculosis cases.

MISS DIEDRICKSON.—Our sanitarium in Wisconsin has been running two years. I am sorry to say that two-thirds of our patients are young people who work in offices and closed rooms and, as Miss Courrier has said, chambermaids from hotels, which shows that the worst cases come from hotels. The sanitarium is 1100 feet above sea-level, and we have accommodations for about eighty patients, and if we get our appropriation we hope to have an infirmary. Some patients are so bad they are carried to the hospital and we have to use our registration room for an infirmary. My observation for the last two years shows that nurses do not advocate patients leaving their homes and going to a sanitarium. We also have a sanitarium at Gray Gables, Wisconsin. I hope nurses will advocate sending patients to a sanitarium because most of them are in homes where no cleanliness is observed at all.

THE PRESIDENT.—What are we going to do if there are not enough sanitariums to accommodate the people?

MISS DIEDRICKSON.—I think if all the nurses will help we will have kitchens added. I have a postal card showing the selection of a site for our kitchen. We have about twenty-five men on our waiting list, while we have half as many women. They are told by the nurses, "If you stay there three or four weeks you will know how to take care of yourself," and when they go home they think they know how to take care of themselves. We had eight cases last spring and they have all returned and three of them are in an advanced stage. One was given permission to go home and he was so excited that he came down with a hemorrhage. They do not realize that they have to live the same

at home as they do at the sanitarium. At Milwaukee the patients are impressed with the fact that they must live up to the rules all the time, the same at home as at the sanitarium.

MISS JOHNSON.—We must know how we can best do this work in the home with safety to ourselves and safety to those who are not infected and the best care to those who are infected. That is what I want to know how to do.

MISS JAMESON.—I think most nurses know that work done along dispensary lines has been found the cheapest and as meeting the demand of the patient where sanatoria are not possible. Many of our states have sanatoria for mild cases and they have hospitals in many cases for the moderately advanced cases. but for many of those cases there seems to be no hope. Though every effort is being made the work is slow, the work of prevention, and although the open-air treatment is favorable, there are not many such places where they can be taken care of and we have to fall back on the dispensaries. It takes money to provide for out-door treatment to supply what is necessary. As private nurses we go into the home and people are very much interested in the work of prevention, and if our nurses would act as missionaries I believe they can secure for their tuberculosis work all the funds that are necessary.

MRS. HICKEY.—We have in existence in the state of Washington a society made up of private citizens called the "Anti-Tuberculosis League." In this county league there was one of our King County nurses of the tuberculous sick. We as skilled nurses felt that this work should begin at the beginning, not with those dying or with those already infected, but with the little children in the schools. So we took the matter up with our superintendent and told him that the time had come when the children should be taught in school to take care of their health, and that it was more essential to teach the children the gospel of health than it was the three R's. Being a progressive man he said he felt the same way and asked us to draw up a plan. We suggested a physical director and that the mothers be appointed as a committee to decide what was to be done in this line. We wrote all over and received primers from New York City which are used in the schools there. They suggested to our department of health that they print those same primers, and if they could not afford to print them altogether they could print lessons in bulletin form each month, and from the first to the sixth grade the teacher could use the lesson on the prevention of tuberculosis and the prevention and cure of tuberculosis, and from the seventh and eighth grades through the high school work the work should be taken up with the prevention league. They use this method in Washington, D. C., and they sent us all their literature that we might see what was done. We have also recommended that Galnick's "Hygiene" shall be taught in the schools. This takes up the care of the skin, the air, how to breathe right, and in our opinion we have found it to be the best book we could find to put before the children on this subject. Our superintendent expects to put this in the school beginning with the session in September.

THE PRESIDENT.—May I ask Mrs. Hickey whether the teachers understand sufficiently the laws of hygiene to teach them.

MRS. HICKEY.—I think they understand the simple laws of hygiene; the lessons are so simple that almost any teacher can understand them. I do not think it is necessary to go into a deep study, but teach children that they must sleep with the windows open, teach them how to eat properly, and to drink

pure water instead of five cups of coffee. Teach them especially the value of fresh air. We are trying to teach the teachers that they must keep their windows open. Most schools have a system of ventilation and the manufacturers or directors tell them they must not open the windows or they will interfere with the "system." We tell the teachers they must open the windows to get the fresh air in and the bad air out.

MISS DOCK.—Don't you think it might be better to have this teaching in the hands of a trained nurse? It was brought out at the tuberculosis conference that the highest rate of death was among school teachers and we find the ventilation is at fault.

MISS NUTTING.—Is not ventilation in school of actual significance? Those who have gone further behind the conditions that control, whether it is for ventilating a room or whether the work is done to keep the room in order, know there is no comparison between the two. We have an interesting plan for nurses to follow. In two cities friendly nurses are at work bringing it before the nurses and teaching the children through the nurses. Pittsburg has a nurse teacher and a similar request has come from another city to take little children from the fifth grade on. The teacher is supplied by the tuberculosis association or by the nurses. As soon as we have nurses trained to teach the children properly by means of the methods we teach the child we will have a demand for that teacher. Beyond hygiene there is something deeper in which the children of this day and generation need to be instructed. There are two things that we want: We want better housing conditions and we want better wages for our children. When children receive this instruction they are going to demand better homes and higher wages.

MISS THOMPSON.—I want to say that we have given this subject of tuberculosis a great deal of thought, and I think most associations in cities have tried to do what they could, but I think visiting nurses come closer to it than any one else; but, as Miss Nutting said, it is well to advise people what to do, but if they have not a thing to do it with it is hard to advise. That is what we visiting nurses have to contend with. It is a fine claim, but it is not practical unless you make patients abuse your charity, which you do not wish to do. I think the tuberculosis nurse is like the contagious nurse. It is something that should be regulated by legislation. Each county should be responsible for its own tuberculous cases. We should have a compulsory law, people should be compelled to go to these various places to be cared for. I feel very strongly on this subject, because in Milwaukee we tried to do the same as other cities do for their tuberculous poor, but I must confess that we have not accomplished a great deal. It is an easy matter to deal with people who will follow the instructions, but we must not forget that the majority of the tuberculous poor are people whom it is hard to deal with, and it is not altogether their own fault. They have no money to buy food, they cannot buy the food they need, and a good many are self-respecting enough to say they do not want charity, but I think the county institution would better solve the problem. I think each county should be made responsible for its tuberculous poor, and although there may be some sentiment about it, yet if they were compelled to go there I dare say in twenty or thirty years we would talk less and spend less money on tuberculosis, for under the present conditions we are not accomplishing one-half we ought to accomplish.

MISS DIEDRICKSON.—They do not find all the cases there are, because in our own institution we get the advanced cases while the milder cases are taken care of elsewhere. If each county does not take care of those advanced cases who is going to take care of them? Are they going to be left in their homes or sent to some place where they will be properly taken care of?

MISS DOCK.—At the settlement in New York we have more calls for nurses to take care of tuberculosis work than we can supply. This work is far in excess of other kinds of work. I thought it would be well to impress upon the minds of nurses the necessity of fitting themselves for this work of taking care of tuberculosis cases. The country wants women whose children will act with the anti-tuberculosis movement all over the country, and it is possible to develop and educate the people along those lines. They come to us for nurses who have specialized in this work; many such calls come to us. They want a nurse who not only knows how to be a good nurse, but a nurse who is able to get a mental grasp of the situation.

MISS DELANO.—It seems to me the thing we need is a campaign of education to improve the environments of the people. In New York we pay for light by the square inch and do not always get it then. We are the only ones who pay for light in that way. People in country districts shut up their houses and shut out the light. It seems to me that as nurses we are in a position to start a campaign of education for light. In some places it is easy and in some places it is difficult. The improvement of the conditions of the working people would solve the problem more quickly than anything else.

MISS MCCORMAC.—In Connecticut we have just got an appropriation for a county hospital, and there is agitation for a law to apply to people who are incurable. The investigation of those cases at present will be made by visiting or dispensary nurses.

MISS GILES.—In Pittsburg we have not only the nurses Miss Nutting referred to employed by schools, but the city has four other nurses employed, going around and visiting not only tuberculosis cases, but investigating the poor and teaching people how to live. The tuberculosis league in Pittsburg has five or six nurses employed at the present time and could use at least twice as many more if they had the money to spare. The nurses are almost worn out by having so much to do, and they have a demand for a great deal of work they cannot do. Their work does not consist so much in nursing as in going from house to house and teaching people how to live and how to take care of themselves and their homes and how to take care of contagious diseases. At the commencement exercises of our training school the mayor made an address and one of his remarks was that since they had introduced nurses in this work in the city of Pittsburg the percentage of contagious cases, typhoid, diphtheria, and tuberculosis, had been reduced more than one-fourth.

THE PRESIDENT.—We have to close this discussion, although it is very interesting. Let us realize that if we cannot have district and school nurses established everywhere, there is much that we can do as individuals and associations. In New York the District Nursing Association of Northern Westchester County has started an educational campaign. They have issued circulars and cards that are sent to schools in towns and country districts within their jurisdiction. These are simply health cards and are sent to each school in the country; one is given to each pupil, and if the teacher can be

interested they are given topics and the children write essays, and some are very much better than that which the Boston boy wrote. This is something an association of nurses could do. The expense of printing these cards is small and each child can take one home which can be hung up the same as a wall calendar.

POST-OPERATIVE CARE WITHOUT DRUGS

BY CHARLOTTE E. DANCY

Battle Creek Sanitarium

It is my wish this morning to direct your attention to some physiologic methods of caring for patients who have to undergo surgical operations. By physiologic methods I mean those which aim to obey and fulfil the natural laws of the body as we know them, which aim to bring about natural conditions under unnatural circumstances. To do this I shall have to refer to what is done at the Battle Creek Sanitarium, an institution whose object in existence is that it may bring under one roof all the physiologic methods culled from various parts of the world, and may educate the people in these methods, and at the same time may discountenance anything, whether in habit of life, dress, food, medicine, or treatment of disease, which it thinks unphysiologic. I will say that drugs are not discountenanced when scientific investigation shows them to be the best things to use under existing circumstances. For instance, quinine is given in malaria, the serum for diphtheria, etc.

To wisely care for an operative case, one tries to bring about healthful conditions, but what is health? We have come to consider that a good definition of health is, pure blood freely circulating in all parts of the body. Realizing the vast power of the blood as the body's natural defender against invasion and restorer after injury, when one deliberately plans to cut the body, to perhaps remove some part of it, to chance an infection, and to lower the vital resistance by anæsthesia, it is reasonable to turn one's attention to the condition and circulation of the patient's blood before, during, and after an operation.

The subject for an operation is not likely to have either a high opsonic index or a perfect circulation of the blood in every organ of the body. What can be done to raise the opsonic index and to bring about a free circulation of pure blood? When Dr. Wright first made known his discovery of the opsonins, tests were made of the various drugs in common use to decide their effect upon the fighting power of the blood. Only one drug, and that protonuclein, increased the opsonins. The attention was then turned to the bath, and it was found that by reaction to a cold bath, the patient's fighting power was increased, also that alternate hot and cold applications raised the opsonic

index. As to the circulation, it is well known that applications of cloths wrung from water at a temperature above 98° stimulate the vasal dilators of the skin and reflexly those of the deep-seated organs. Applications at a temperature below 92° stimulate the vasoconstrictors of the skin and reflexly those of the deep-lying organs. Applications of water between 92° and 98° are neutral in their effect and so the nervous organism of the patient may be rested.

Having given our patients the usual preparation for anæsthesia, we begin on the anæsthetic table to control the heart's action and to establish and keep a free circulation of blood through the lungs. This we do by putting a compress of several thicknesses of gauze wrung dry from ice water on the front chest, and covering it with two thicknesses of flannel. Renew every five to fifteen minutes, giving a short friction with the hand between applications. Continue this throughout the operation. After operation, while still partly under anæsthesia, we give a lavage to empty the stomach of mucus, bile, the fumes of ether, etc. This we find lessens nausea and vomiting to a remarkable degree. After being bandaged, the patient is taken at once to a bed prepared with a hot hip and leg pack; a saline enema, one pint, at 110° is given. Then the pack is drawn over the patient. This keeps the patient warm and also keeps the blood in the extremities, preventing congestion in the liver, or at the seat of operation, and lessening pain. At the same time a short, very hot compress or fomentation is applied to the front chest for one minute, to dilate the skin blood-vessels and draw the blood to the surface. This is followed by a short, vigorous, cold friction to the chest and arms. The cold contracts the skin vessels and reflexes the deeper vessels, the friction assists the body to react to the cold, and reaction to cold is at all times tonic, increasing the leucocytes and raising the opsonic index. A wet cold compress is now applied to both front and back chest, and snugly covered with two thicknesses of heavy flannel. The cold friction is given to the arms, which are then covered by sleeves pinned to the flannel chest pack. This procedure takes a shorter time to do than to tell about it. During this time the hip and legs have been kept in the warm pack. Now uncover, and apply the tonic cold friction to each leg, drying, and wrapping either in a wet gauze compress or a dry muslin compress, covered by two thicknesses of flannel. If put on dry, these are for warmth; if wet, they keep a constant interchange of blood going on in the area which they cover. All these measures have been establishing a free circulation of blood, preventing congestion, lessening pain, and building up the fighting power of the blood.

But in spite of all this, there will be pain, and some treatment to the wound itself becomes necessary. Heat being the most soothing treatment, or an alternation of heat and cold, a very good way to apply it is by means of the luminous rays of the sun, directed to the parts over the dressings. The rays penetrate through the dressing to the wound and into the deeper tissues, relieving pain, preventing adhesions, and other sequelæ of the knife. The heat may be alternated with cold by laying a piece of mackintosh or oiled silk over the dressings and placing two or three light weight ice bags over this for about the same length of time, or two-thirds the length of time, that the heat was applied. In perineal wounds the light may be used or else an application of sterile gauze wrung from hot boracic acid solution placed directly over the stitches and covered with three applications of the flannel fomentation. For backache and other pains, following the strained position, etc., the fomentation or the radiant heat is invaluable. As a tonic the ice bag is the chief thing in use.

The treatments outlined are all repeated every three hours the first day, and during the night if the patient is awake. Three times a day, the second day and night, and the morning of the third day. After this they are replaced by some simpler form of treatment and a daily increasing massage when there is no fever.

A word ought to be said here about the values of fresh air, sunlight, water drinking, and diet as physiologic measures. But I shall only say that we use no flesh food, no alcohol, no tea, no coffee, and that the low standard of proteid is followed and all dietetic offers possible are made to build up healthy blood. My observations have been that by these natural methods of treatment patients are made more comfortable during illness and the system is left in a more tonic condition than after treatment by drugs. Also the painful sequelæ of operations are lessened, such as adhesions, phlebitis, neuritis, partial paralysis, etc.

MRS. IDA M. TICE.—I am still a member of the old school. The post-operative care of surgical cases is most important. On the immediate and final outcome I do feel the speaker has taken a stand remote from the literature. Physicians have determined that in normal metabolism a normal amount of food is required. That does not mean that such a diet is to be excluded. A deficient diet was never known to improve the character of the blood, much less the circulation. Both massage and the ice pack undoubtedly have an influence upon the heart, but it will be a long time before they will replace the use of the good old cardiac stimulants. I cannot quite imagine a patient with cardiac failure and a surgeon combating the condition vigorously with an ice pack. I rather think he would give a patient suffering with pain after a laparotomy a single hypodermic of morphia rather than cold and hot treatment. I would

like to ask the speaker just how cases of shock come off from the operating table.

MISS DANCY.—We do not have them; we prevent them. Prevention is the better part of cure. We are taught what to do in case one should occur. We apply a compress and then a bandage is put over that and drawn tight. At the same time a hot pack is given to the hips and legs and an ice pack is put over the heart. We do not get cases of shock, we prevent them.

MISS COURRIER.—Although I have been trained to be an exponent of the old school, I have seen an almost expiring patient respond as quickly to the application of a hot towel as he would to a hypodermic of ether. I should have said the hot towel was applied over the heart.

MISS ANNA C. JAMMÉ.—At the Mayo brothers' hospital they rarely give a heart stimulant, they depend entirely on the saline after operation. We rarely have shock, and I do not believe the Doctors Mayo ever give a hypodermic, they depend entirely on the saline solution for a heart stimulant.

MRS. ROBB.—That form of treatment is not confined to the Doctors Mayo; it is general.

MISS DANCY.—When I was with Dr. Murphy we used the hot saline by the drop method and found it very beneficial.

THE LIMITATIONS OF THE NURSING PROFESSION

By EDITH BALDWIN LOCKWOOD

Granby, Conn.

IN considering the limitations of the nursing profession, we may in a general way classify them as those necessary to the profession's development and those restrictive to its development, or, to classify differently, we have: the limitation of origin, the limitation of purpose; the limitation of our system of education; and the limitation of our field of endeavor. These are to some extent correlated and interdependent and do not separate exactly according to the terms of the first classification.

The origin of the profession and the purpose of the origin impose distinctly different obligations. The origin was most humble, the purpose most noble. The origin was in the change from the crude, grossly neglectful attendance on sickness,—attendance that was considered the most menial and degraded form of personal service,—to attendance having humane handling and simple cleanliness as its object. The purpose actuating those who instituted this change was no more, no less, than the purpose of the profession to-day. If, in the strength of that purpose, it has grown in a scant half century from its origin in humble degraded service to the accepted rank of a profession, we must accept without challenge the scope of that purpose as imposing no limitations we may not well accept to-day.

In considering these limitations I do not wish to imply that we have reached our ultimate development. The progress that has been made is from nothing to a profession. The line of progress before us is from a profession on to a science. But the time may not be quite ripe, as I think a consideration of our limitations will show. Progress has been rapid, easy, and spectacular, but it is possible, and I think inevitable, that there is a period of work, of hard, self-sacrificing work, not less than that done in the beginning, before the profession is so perfected as to be ready for further progress. Filling in the chinks, putting in new sills, or squaring up the underpinning is neither as agreeable or as showy work as adding a new story, but it is more essential to the stability of the structure.

It is somewhat difficult to formulate a definition, which shall be a complete, concise statement of the purpose of nursing. The following, perhaps, is an approach to it: to establish and maintain such condition of person and surroundings that the discomfiture incident to illness be borne with a minimum of distress, and to administer such remedies and treatment for the alleviation of suffering, and the removal of the cause of illness, as are ordered by the medical profession. This applies to nursing. If I make the definition one the purpose of the nursing profession I must add: and to do this in a professional manner. As I give it first, it might apply to paid menial service; with this clause added it implies the dignity and responsibility of a profession, quadrupling the requirements.

The definition is fairly comprehensive and applies equally well to the purpose of the individual nurse, the province of the nursing force in an institution, and to the profession as a whole, and with practically no exception the profession's present rightful field of endeavor is covered by it. The task of making the profession fulfil the requirements of that definition is one so great that all energy generated by our nursing organizations may well be directed thereto.

From this viewpoint of the profession's purport, some of the common questions frequently propounded seem insignificant as well as irrelevant. Such a question for instance as, "Shall the nurse prescribe?" We have but to look at our purpose for answer. "But" asked some one recently, "may she not as much as prescribe a Seidlitz powder for a headache?" Certainly not; if she is in the relation of nurse to patient, with a doctor in charge of the case. It is a human prerogative to advise the fellowman what to do for his cold or his dyspepsia. The non-professional does it, and the professional nurse will and may do it,—as a fellowman,—but not in a professional capacity

may she prescribe or administer the simplest medicinal remedy on her own initiative. The latitude a doctor may grant a nurse in this respect is to be used as part of her orders, but latitude allowed in one case should never be assumed in another without full understanding, and latitude allowed by one doctor should never be assumed under another. Dr. Hugh Cabot has said that the time may come when "that part of medicine which is absolutely settled and worked out" may be given to the profession of nursing as its rightful field. But you will all agree that the time is not yet. This limitation is one that we should respect and adhere to literally. The letting down of one bar, the granting or assuming a privilege is fraught with grave danger. With the material forming the rank and file of the profession what it is, the granting of an inch means the taking of the proverbial ell.

The present method of educating a nurse, of preparing a woman for a profession is not a limitation merely, it is more even than a positive hindrance; it is a retrogressive force. The foundation of teaching nursing was necessarily in keeping with the humbleness of its origin, but from this origin of the system of teaching has come no advance in keeping with the growth of nursing. In all other fields of education we have grown away from the apprenticeship system. In the trades, even, schools for teaching the trades have been instituted. The professions have each their special college or department of a university, while nursing, grown to a profession, still educates its pupils by the apprenticeship system instituted at its origin.

To liken our profession to a plant, it has grown rapidly, exuberantly, but unevenly. It has grown weakly in places and needs reinforcing; while in other places it needs pruning. It has outgrown its root room and needs transplanting to soil suitable for its better development.

The present training-school system has just the same root room as the initial seed of educating nurses was planted in. We have tried through organization and legislation to "elevate the profession." We have tried through raising the entrance requirements and by an elaborated curriculum to raise the standard. We have tried through the course at Columbia College to provide a means of better instruction in the schools; and with what result? Not inconsiderable or insignificant perhaps, but still out of proportion to the advance to a profession in the earlier years. It is as if we were tying little pieces of lath on the weak stalks of the plant or tying up the wilted overgrowths when the plant needs transplanting.

To drop the metaphor. Just what does transplanting the plant mean? It means the establishment of schools for teaching the pro-

fession of nursing—schools that are educational institutions in themselves, and only that. It means further the disestablishment of existing schools which are maintained wholly, or in part, for other purposes than teaching how to care for the sick. The training school of to-day is, as it was in the beginning, a department of the hospital, used by the hospital to take care of the sick. The training school should be an institution for teaching how to care for the sick and I think before we can reach full or further development must come the recognition that teaching how to care for the sick is a separate distinct proposition, not of equal or greater or less importance than the care of the sick.

The care of the sick is the hospital's purpose; its problem to solve. The teaching of nursing is the training school's purpose, its problem to solve. If the hospital and school are one it has two problems of independent nature and value and it is in no way justified in solving one at the expense of the other.

I think no one has ever advanced the shortage of graduate nurses as a reason for a short course, a low entrance requirement, or a simplified curriculum. It is the shortage of probationers, the shortage of sufficient pupils in the school to take care of the sick in the hospital, to do the hospital's work. That is undisguisedly the reason for the "return to the two years' course" of which we have heard so much. It would be rather absurd if a normal school for teachers should insist on enrolling students enough to teach the public schools of a city, but the case is a perfect analogy.

What should be required in a woman to make her worthy of entering the profession of nursing? I think we at once concede that there must be mental, moral, physical, and educational and temperamental fitness and that the absence of any one of these is, if not sufficient to debar, at least a very serious drawback to her eligibility.

An illustration from actual experience in the training school will not only sound familiar to teachers of nurses but will show clearly the detrimental results of the system; the limitation it is to the profession's development. The principle of instruction for probationers is in many schools: "Teach them what will most quickly make them of value in the wards. Teach them practically, how to do things that need to be done, the theory to be taught later. For instance: Teach the preparation of catheter and douche trays; the *principles* of asepsis and sterilization to be taught in the second year. Teach hospital etiquette; give instructions in ethics, etc." I have in mind one class of sixteen probationers. In review, I think about six were competent to be admitted to a nurse's training. There were women there who didn't

know whether "ethics" was a disease or a river in Africa; women to whom the difference between one-thirtieth and one-sixtieth was the *pons asinorum* of mathematics. The teacher of this class was reminded that ethics was to be taught to probationers, and when she answered that they were struggling with common fractions, was told, that having been a teacher she was prone to lay too much stress on primary proficiency.

At the close of her first probationary month one of these pupils was reported as absolutely incompetent and unfit for further trial. But, it was said, the number of nurses must be kept up, and there was not another application on hand. "We must wait," said the superintendent, "and weed her out when conditions are more favorable." So they put her on night duty in the chronic ward to get her out of sight, and the weeding-out time came when she gave an ounce for a drachm of a sedative mixture.

We can legislate and registrate until the chapter's end, but we never will be a profession or a science until this sort of thing is absolutely eliminated. Until we can secure students worthy of professional instruction, we may well be chary of assertions that ours and the medical profession should meet on equal footing.

I spoke of some of the limitations we should respect in our relation to the medical profession. There would seldom if ever be need to call attention to this or to criticize, if only women of suitable qualifications were in the profession. The lack of recognition of what is professional in the various relation of nurse to doctor, to patient, to employer, and to fellow nurse is the direct cause of the thousand and one complaints against us as a class and as individuals.

A profession is an occupation involving special fitness, special discipline and special instruction. The special fitness is education, and education of more than one generation, the heritage of mental and moral training. "Profession" is synonymous with vocation, calling, and art, and carries both obligation and limitation that a trade, or work—occupation for a livelihood—does not carry.

I think there is no limitation to what may be done, and done in a professional manner. A man who through long months under professional care observed our representatives with interest said: "If the nurse says 'I am going to cut your toe-nails now,' then it's professional, but if I say to her, 'I want you to cut my toe-nails now,' that makes it menial service." It was jestingly, perhaps coarsely, put but I think he touched the keynote. It is the manner of approach to the work. The professional nurse does not take orders from employer or patient,

but from the doctor only. She is in charge of all that pertains to the patient's welfare, other than the doctor's province.

I take very little stock in the cry of the over-trained nurse; she who knows so much she won't do anything. She is very apt to be the woman of inferior quality who was necessary to keep up the number required by the hospital; she has attained a smattering of technical terms and professional ideas which she is unable to assimilate and the result is the over-trained nurse. Verily a little learning is a dangerous thing. Once procure the condition where only such women as possess sound fundamental requirements are allowed to study nursing and the over-trained nurse will cease to be.

The limitation of what may be done in the individual case cannot be established by abstract ruling. It must be decided by each nurse in accordance with circumstances, and is it not requisite that she possess this very essential professional sense? and that the output of schools of nursing should guarantee it? If the carrying out of the profession's purport involves manual labor and personal service it does not relegate nursing to their rank, but elevates them rather, in such degree as they form a part of the end to be attained to the rank of a profession.

In the practice of a profession the end sought, the purport, is something other than financial return. Work for the work's sake must always be the attitude of professional service, in contrast to exchange for an equivalent value in money or in trade. Nor need confusion arise because "work for the work's sake" receives a money compensation. The question of the money value of a nurse's service is one I wish to touch but briefly, just enough to say we must avoid any and everything that suggests trades-union principles. Let the charge be a matter of business between the nurse and her employer, and as a business agreement inviolate. With the true professional sense should go a practical sense of business honor—too often lacking, not only in our profession but in our sex. The establishment of a sliding scale of charges as a solution to the problem of supplying nursing to the great middle class is a beautiful theory, but who shall set the wage of the individual nurse for the individual case? Who shall adjust the scale? It would require judge, jury, and superior court in one embodiment. The nurse has a part, a share, in many forms of the world's endeavor for the betterment of mankind, but only as a factor. The problems do not become the profession's responsibility. "The Care of the Great Middle Class" is a problem in which our profession is a factor, necessary for its solution, but it is not a problem for us to solve. It is, to be sure, a humanitarian obligation but it is a municipal or civic duty, shared by us only as citizens.

It is rather absurd, is it not, to be investigating almshouses, instructing public health committees and planning to take care of the great middle class while we are not working to conclusions in our own affairs. Let us look to our own interests, recognize our limitations, correct our own faults. Let us work to conclusions and effects in schools for nurses so that the next generation of nurses shall have a surer, broader footing on which to stand and call itself a profession, and easier steps upward to a science.

This has all been put before you in varying forms during the convention. Adopting resolutions and instructing committees sound well in the reports but what is going to be done? Before The University of Minnesota shall have graduated five nurses from this its most admirable system of teaching nursing, schools the country through will have turned out five hundred and fifty-five incompetent, incapable graduates, detriments to the profession.

It is only one small thing to arrange a perfect training-school system. It is another larger and more serious problem to check the output of incompetents. Turning a small stream into a large river will not alter its character to an appreciable degree. We must go to the source and perfect the character of the supply in order to have a worthy outflow. Interesting as are the world's endeavors, important as is our profession's part in them, let us not lose sight of the fact that first we must perfect ourselves.

MISS M. ADELAIDE NUTTING.—Madam President, I am not prepared to discuss this paper. It is altogether too comprehensively and carefully written a paper to be discussed without some preparation. I feel only that with the general import of it, which states emphatically and distinctly the need for improvement in our system, I am in entire sympathy. Suggestion after suggestion has been made of the greatest value. No one has ever met a more difficult complication. It will need many papers to discuss the needs of this question. I do not believe the government of the United States faces anything more difficult than the training school in the hospital. We are not here in antagonism to the hospitals you represent. We know the system we represent has improved with the most painful and serious effort. No one who has not been a superintendent of a training school for many years knows under what conditions and under what difficulties every step of improvement has been reached. I am thoroughly of the opinion that the school should do all the work. We have a long way to go before we establish that in the pupil's mind. In nearly all the papers we have had, the paper by Miss Hay, the paper by Dr. Beard, and the paper by Mrs. Lockwood, the keynote was better education of the nurse, and without that your education cannot be what it ought to be.

I do not agree with Mrs. Lockwood in all respects, for we have the power and the strength to assist those who are struggling with the problems of almshouses and insane asylums.

One thing I would like to emphasize, and that is the need of working together in the utmost harmony for the utmost effect in the work we love and cherish. No one can do it alone, but I plead for the closest harmony of all the nurses.

MISS GOODRICH.—Eighteen years of this struggle has made a woman suffragist of me.

MISS DOCK.—I would like to emphasize the point made regarding the sliding scale. I quite agree that the sliding scale can never be a matter for the individual nurse to struggle with. I believe if such a thing can be evolved it can only be evolved through organizations. I believe the average woman cannot safely undertake the management of the sliding scale. The main feature which lies at the bottom of all trade organizations is brotherhood, and I want to point out that the sliding scale is dangerous for the individual woman to take up, because if she attempts it she will have her throat cut in the economic struggle and she will sink into poverty.

MISS SMITH.—In the modern system of training schools as we have them now, may I ask how many patients one nurse should be expected to care for in private hospitals and likewise in public wards?

THE PRESIDENT.—There is a state representative here who says she has seen hospitals with five patients and nine nurses. The nurses were probably out doing private duty.

MISS SMITH.—In connection with that question it occurs to me we might take into consideration what nurses are expected to do. On the ride last evening on our car the remark was made by some one that in the western small towns the little things necessary to be done for patients in our large cities are not expected of the nurse, and hence the nurse is able to take care of more patients than in our large city hospitals. I mean patients in private rooms.

MISS NUTTING.—May I ask who does the "little things" for patients?

MISS SMITH.—They are not done. What I mean is taking care of flowers, brushing the hair, and things of that sort done for our aristocratic patients.

MISS NUTTING.—I consider brushing the hair one of the fine arts.

MISS KELLY.—I come from a hospital where the patient's hair is brushed and the flowers taken care of by the nurse.

MISS BEATTY.—I would like to know where that delightful place is. I would like to move there at once.

MISS COURRIER.—I was trained in a county hospital, and I would like to say that a great deal more was done to a patient's hair besides brushing it.

MISS SMITH.—That is one of the things I had in mind and was the reason I raised the question.

THE PRESIDENT.—Is there anything further to be said on our limitations?

MISS NUTTING.—Madam President, we are all painfully conscious of them.

MRS. LOCKWOOD.—In view of what Miss Nutting said I do not minimize the importance conscience plays in public health, but I do feel the need of home duty first. These things are secondary duties of our profession. The perfection of our profession comes above these other very important essential things. We can do better work for them after we are more able to work.

MISS NUTTING.—I make an apology now for speaking again and promise not to say anything further. I only wish to say that careful application to duty without mental training has given many a nurse such a grasp of the

situation that it has enabled her to act without specific instruction. Nor would I except the hospital training. I realize how splendid is our own hospital training; we do not get it anywhere else. Our own homes have failed to give it to us, and we need it in our work inside and outside the home. I would, however, check some of the abuses that are entering into that training. I would shorten the hours, I would make the surroundings as good as possible, and I would make the standard of training higher, but I would not shorten the course of training. Other educational bodies are lengthening their course of training.

THE NURSE AS AN ANÆSTHETIST

By FLORENCE HENDERSON,

Anæsthetist to St. Mary's Hospital, Rochester, Minnesota.

IN the nursing profession, as in all other lines of work, the tendency of the day is toward specialism, and by this means more efficient work is being accomplished. In the different branches each nurse can find the line of work which is particularly adapted to her abilities, and by concentrating her energies she will attain a degree of skill in one direction which it would be impossible to acquire in all. A few years ago there were comparatively few things for a nurse to choose from, aside from private duty and a few hospital positions, when she had completed her hospital training. Now new avenues are opening each year and nurses are being called upon to take more responsible duties.

One special work which is not new, but which is being taken up by nurses more and more, is the giving of anæsthetics. In some hospitals anæsthetics have been given by nurses for years. In a great many, where the highest standards are maintained in every other department, this work is assigned to the youngest interne, who has had less instruction in this branch than in any other in his medical course.

More and more surgeons are coming to realize the importance of having a regular anæsthetist, and that it is profitable to develop a competent one from a well-trained surgical nurse, who will become proficient from steady employment. Very few physicians who give anæsthetics expect to continue this work; therefore, the doctor anæsthetist's attention is divided between the anæsthetic and the operation, as that is where his interest lies. As a result, the surgeon must divide his attention between the operation and the narcosis. With the nurse it is different. She never expects to be a surgeon and her whole attention is concentrated upon the welfare of the patient.

At the present time ether is the standard anæsthetic, and the nurse who gives anæsthetics should become an ether specialist and should work where ether is used practically exclusively. Chloroform, spinal

anæsthesia, ethyl chloride, and the various other anæsthetics carry too much risk with them for her to assume the sole responsibility. The indications for the use of chloroform are becoming fewer each year, and at St. Mary's Hospital ether is used for infants, patients with pulmonary tuberculosis, kidney cases, and nearly all other cases where chloroform was once supposed to be indicated. Fortunately chloroform is not now used, except by a few of the older practitioners, who used it before the present-day method of administering ether had been developed.

Spinal anæsthesia is still in an experimental stage, as are several other anæsthetics, and, if employed, it should be by physicians who are licensed to take such responsibilities.

Nitrous oxide is safe and may be given by the nurse, who can easily learn to administer it if she works with a surgeon who uses it. It is especially indicated where but a short anæsthetic is required.

When giving an anæsthetic a nurse must always bear in mind the fact that she is still a nurse, and should never anæsthetize a patient unless a physician is present in the room. Neither is it within her limits to prescribe drugs. We have not found it necessary, however, to use hypodermics of any kind during an operation. Morphine is useful in some cases as a preliminary to ether, but should be ordered by the surgeon and not by the nurse. In stomach cases $\frac{1}{6}$ of a grain of morphine, given twenty minutes before the anæsthetic is started, enables the operation to be continued with a minimum amount of ether. In goitre cases, where there is apt to be mucus from traction on the trachea, and the condition of the patient is such that the ether must be discontinued a great many times during a part of the operation, $\frac{1}{6}$ of a grain of morphine with $\frac{1}{120}$ of a grain of atropine helps to allay the nervousness and prevent the formation of mucus in the trachea. By stopping the ether while the wound is being closed, the patient is very often awake by the time the dressing is applied.

Ether should always be given slowly, with plenty of air, in a well-ventilated room. At St. Mary's Hospital the drop method, which has been described many times, is employed.

The lack of confidence in herself is one of the chief recommendations of a nurse as an anæsthetist and, while she should be cool headed and able to meet any emergency which might arise, still the very lack of confidence and fear of danger keep her on the alert, and the alarming symptoms which necessitate the use of hypodermics, artificial respiration, oxygen, etc., do not often appear, as they are usually a sequence of a lack of care in the administration of the ether. If the patient is

watched carefully, the jaw properly handled, and plenty of air given, it is surprising how seldom trouble will be encountered.

The habits of observation, which have been instilled into the nurse's make-up during her training, will be of great advantage to her. Patients are beginning to realize the importance of having some one who is competent to take charge of the only part of the operation of which they are conscious, and the part usually most dreaded.

The patient's confidence in the anæsthetist is most important, both for his own comfort and for the securing of rapid, even anæsthesia. Most of the laity have a more familiar knowledge of nursing than of surgery, hence patients are apt to yield themselves much more readily to the suggestive influence of the nurse, whose methods they think they understand, than to the same suggestion from a physician, about whose profession there still hangs, in the minds of many, a halo of mystery.

A nurse who takes up this work must, if she expects to be successful, take it up with the intention of continuing it, for only in keeping at it can she become skilful and do work which will be acceptable to the surgeon. In no other way can the demand for nurse anæsthetists be created, for so long as internes can do the work as a part of their hospital service, institutions and surgeons are not going to the expense of employing nurses, unless they secure better results by so doing; but let the nurse prove that she can do better work and such positions will be opened to her. It is a work which a nurse can continue for a longer period than most other lines of work, for the older she grows and the more experience she acquires the more confidence she will inspire and the better her work will be. As a rule, the hours are shorter and regular. She is not often called upon for night work, and although she works hard during the day, the uninterrupted night's rest is greatly to her advantage.

If her time is not all occupied with the giving of anæsthetics, she may be associated with other hospital duties, or if she is employed by the surgeon she may be useful to him in compiling records, following out subsequent case-histories of patients, etc. Hourly nursing might well be combined with this.

At present, I do not know of any nurse doing this work who is not employed either by some surgeon or some hospital, but there are physicians in most cities who make this a specialty and give anæsthetics for the different surgeons in that city or community. This would be a much more difficult line of work, as surgeons vary so in their requirements, but a nurse with sufficient experience could, I believe, make a success in this way, especially in a city where her work is known.

AGATHA HODGKINS (Cleveland, O.)—In opening the discussion I wish to express my appreciation of Miss Henderson's very able paper.

Agreeing that ether is the safest and most standard anæsthetic, and that it is therefore advisable that the nurse anæsthetist be an ether specialist, I would like to suggest that she also be competent to administer other anæsthetics equally well.

In Dr. Crile's clinic at Lakeside, we are using in many cases nitrous oxide and oxygen. We now have a series of nearly 250 cases, most of them major operations, performed under this anæsthetic. Dr. Crile feels very hopeful as to its practicability. The dependence on a mechanical apparatus, and the necessary technic of the proper mixture of gas and oxygen to suit the individual case make the administration necessarily more difficult than ether or chloroform. It is not as practical an anæsthetic for the surgeon on account of the want of complete muscular relaxation, but there is no doubt as to the increased comfort to the patient.

Chloroform, spinal anæsthesia, and ethyl chloride we do not use in our clinic; ether, and nitrous oxide with oxygen fill our requirements.

Miss Henderson's point that the anæsthetist must continue at work is well taken. Intelligent observation comes only through practice, and in no other field is the old adage—"Practice makes perfect"—so surely proven. Fortunately, the longer one gives anæsthetics, the more important and serious does the work seem. Personally I know of nothing that demands more conscientious and intelligent service. A surgeon can accept nothing else, and the hazard is too great for the anæsthetist to give anything less.

I agree with Miss Henderson that no nurse should assume undue responsibility and also that over-confidence is to be deplored. I do think, however, that a goodly amount of confidence is necessary to insure that calmness of conduct which is one of the requisites of a good anæsthetist. A nurse should never encroach on a doctor's province as regards the ordering of drugs, etc., but no one will censure her for the acquisition of any knowledge in her chosen subject, the object always being a more intelligent and trained judgment. This quick and intelligent judgment is a quality which if not possessed must be developed, as the surgeon must necessarily depend upon the anæsthetist for the safe giving of the anæsthetic, and he expects her to know how the patient is standing the operation. Of course any doubt as to the patient's condition must be referred to the surgeon, for no nurse has the right to take any responsibility in this connection.

The personality of the anæsthetist is a factor which should be considered. In administering an anæsthetic, a nurse meets an individual at, perhaps, the most trying experience in his life. Adults as well as children dread the unknown. The anæsthetist, therefore, who at this time can give wise and kind reassurance, smoothing over the hard places, inspiring her patient with confidence, has, in many cases, contributed largely to the favorable end results of the operation, besides rendering to her patient an invaluable service in minimizing the dread and discomfort of an anæsthetic. To the anæsthetist the personal satisfaction of having successfully accomplished a truly difficult task should be its own reward.

No matter how short we may fall of our own ideals of perfect service, we

always desire that the women who enter the field may at least strive for the highest ideals.

MISS ANDERSON.—How much experience is it necessary for a nurse to have before undertaking the giving of an anæsthetic?

MISS HENDERSON.—It depends a good deal upon the nurse the same as in any other work. If a nurse is capable she is able to become competent earlier in some cases than in others. I would not advise any nurse to undertake to give the anæsthetic in a shorter time than three months. I would not advise the nurse just graduated to take up this work. I think she needs private nursing and institutional work where she has more chance to be on her own responsibility than the nurse who has just graduated and has some one to guide and direct her. After she has taken up this work I think she can go on after three months with some one to teach her.

MISS HOLMES.—What training schools are really giving our nurses an opportunity to acquire this feature?

MISS HENDERSON.—I think light usually comes from the East, but this is one thing upon which the West can throw a little light. We have in some of the Western states some physicians who are unwilling to have their patients anæsthetized by men who come from the university. In one of the hospitals in this city the Board of Trustees was asked by the physicians if they would not appoint a permanent anæsthetist, preferably a nurse, to give anæsthetics in their hospital. Less than two years ago a graduate of that school was appointed to that position. She has in the eighteen or nineteen months she has been there given in the neighborhood of fifteen hundred anæsthetics. This nurse is a resident at the hospital, receives a salary, and is at liberty in the morning to give anæsthetics for physicians who do not employ their own anæsthetists. In the West you know our hospitals are "open hospitals," which means that a nurse must not only know how to give the anæsthetic, but she must give it for one or two physicians or for fifty to a hundred, which makes her task harder than where the hospitals are closed to physicians except those on the staff. This arrangement of employing nurses to do this work has proven entirely satisfactory, and the fifteen hundred patients have not only gone to sleep without the usual strangling and struggling which we have all noticed when the anæsthetic was given by an inexperienced interne, but they have been watched carefully during the operation and at the proper time have awakened. We have known of no untoward effects when the nurse has given the anæsthetic. I believe there is another hospital in this city employing or about to employ a nurse to give the anæsthetic.

MISS DAVIS.—I would like to say that the sun still rises in the East, although I don't know which is East here. At the University of Pennsylvania, where I was for a number of years superintendent, they have appointed a nurse as anæsthetist.

MISS DOCK.—When?

MISS DAVIS.—Nine months ago. They have taken it away from internes and taken it away from surgeons who were first assistants, and from outside surgeons of note.

MISS BISHOP.—The Maine General Hospital has always considered anæsthetizing as part of the training. The nurses have always given anæsthetics under supervision.

MRS. FREYTAG.—The general hospitals have not that advantage, neither have the private hospitals, and I took the work in anæsthetics in a different manner from which most nurses take it. I took it as a separate proposition by myself. I did not work under instruction of a number of surgeons. When I first undertook this work I found I could go nowhere where I could get this special course of training. I looked up a number of post-graduate courses and I found no place where I could get a special course except in Philadelphia, where they clinically give a special course in anæsthesia to physicians only, and I almost despaired of getting this training, but I did get it through physicians who gave it to me for some months preliminary to taking up the work. I visited the Mayo clinic and received a great many valuable points from Miss McGraw and Miss Henderson. But taking up the work is like a young doctor starting out on his career. It has to be built up by a slow process, you have to get the confidence of physicians, but it can be made a success. I think nurses find it easier to give the anæsthetic for one surgeon than they do the other way.

MISS McMILLAN.—Is there really a large opportunity to do this work? I have been told by physicians in the West that there is a great field for nurses in this line and our schools make a mistake in not including it in their course. I was requested by one or two people to start such a course in our school. I opposed it strongly because I felt it was an injustice to the women. According to my mind there was not opportunity even if we could give them proper instruction. I would like to hear some opinion on that matter from the nurses in my neighborhood.

MISS HENDERSON.—I very often have a surgeon ask me to recommend to him a nurse who can give an anæsthetic, but so far I have not been able to recommend any.

MISS GOODRICH.—Would it be possible to give to certain pupils instruction in giving anæsthetics? If there was any possibility of that it would seem a way out of the difficulty.

MISS HENDERSON.—The difficulty in our hospital is that our patients are private patients. Nurses must have experience and we cannot take in pupils and teach them. If we had a free clinic we could do it. If people knew there was a school in connection with it we would not get as good results in our work, and we can do nothing detrimental to our patients.

MISS PALMER.—Since we published an article by Dr. Baldy on "The Nurse as an Anæsthetist," we have had quite a number of calls from different nurses in the country for opportunities for such instruction. I wrote to him and his letter was also published, and at that time there was no place which he could recommend where a woman could go to receive that kind of instruction. It would seem to me to be a good plan for one of the large hospitals to open a department where nurses could receive this special training.

MISS RICHTER.—One doctor wants the anæsthetic given in one way and another in another way, and it is difficult in a short time to make pupils understand these things; why they should, for one doctor, give a saline, for another doctor exclude the air, and for another doctor lower the head on the table. There is no one way of giving it. It seems to me there should be some place where it could be taught.

THE PRESIDENT.—The nurse who was inclined toward that work might take it up as it has been done, until the happy day comes when we can cover it in our training schools. Let us wait a little while.

MISS CHLOE JACKSON.—About nine years ago we put a Sister in charge of giving the anæsthetic in our hospital, and since then another nurse, who has also taken up this feature, gives the anæsthetic. All anæsthetics are given by the Sister and the nurse unless we have more than two operating rooms going at the same time. The plan is very successful in our hospital.

MISS ROBINSON.—Recently I received in Chicago some literature in which was set forth the plan of giving a correspondence course in nursing.

THE PRESIDENT.—We will now take up the subject of "The Hospital Economics Course." We have no formal paper, but Miss Helen Kelly will open the discussion.

MISS HELEN KELLY.—I cannot say much, but there are a few who are doing well. I have been told that perhaps those same women would have done equally good work had they not taken the course in hospital economics, but of course, I can deny that. I can and do doubt it. For myself I can say the work has been of incalculable value, and I am sure that every nurse here who has taken the work will agree with me. The most invaluable part of the course is the work in educational methods and practice. We are at last coming to a realization of the fact that correct education is becoming quite as important in nursing training schools as in high schools and colleges. One thing that nurses who have taken this course deplore more than anything else or anybody else, except the women who have established it, is that it is not possible to bring it within the reach of the greater number of graduates, and we have, I know, always given a great deal of thought to ways and means by which this rich mine of opportunity might be brought within reach of the greater number. The greatest drawback to this course is the expense. Most of you know what Mark Twain said about life in New York, "it costs just a little more than you have." To a nurse who is dependent on her own resources the cost is almost prohibitive. There are several solutions of this problem that are possible, one the establishment of scholarships, but unfortunately there are comparatively few schools that are able to offer even partial scholarships to pupils, the plan suggested by Miss Hay at the superintendents' meeting of having a short summer course, or a course of such time as nurses could arrange to go to the university for work in bacteriology and psychology.

I have another plan to suggest, and that is to have nurses in different sections of the country who would like to take this work go to their own state university and colleges and take up such subjects as psychology and domestic science, or work that is taken up the first year, and have credit given for the work at Teachers' College, and possibly go for the second year in theory and practice. One reason why this appeals to me, aside from the fact that it might reduce the living expenses of the nurses, is that it would awaken the interest of nurses in those educational centres and hasten the time which we will all see when the training schools of the country will be a part of our great university system.

I think this is all I have to say about the course. I am very glad indeed to acknowledge before the nurses of the country our great indebtedness to the women who have made this course possible, and also to the women of Teachers' College who have given us such a cordial welcome.

MISS BERTHA ERDMANN.—I want to say a few words in favor of the study of psychology which I consider the most important of the year's work. It may strike the practical mind as rather irrelevant to the subject of nursing, but

apart from the fact that it is the basis of all intelligent teaching, it seems to me particularly valuable in helping to a better understanding of the vagaries of human nature. It has a very definite and practical bearing on life's problems, especially in view of the recent emphasis on mental attitudes and influences, and the increasing number of nervous derelicts we meet in every department of nursing activity.

Not only the graduate nurse, but the student nurse, needs all the knowledge and power she can gain, by which she may control and regulate her own life and rightly influence the lives of those who depend so much on her for strength and readjustment.

The excursions to the different manufacturing establishments in connection with the study of food production and manufacture were most delightful and instructive, also those connected with the study of hospital economics. I express the sentiment of the entire class when I speak of the debt we owe to the different women at the head of hospitals and training schools, for their unfailing and kindly interest.

They had planned our visits carefully, accompanied us through the buildings, giving up the entire afternoon. Again the personal touch with the men and women at the head of our profession was an education in itself. As one of the younger members of the Superintendents' Society said to me the other day: "Now that I have met and heard Mrs. Robb, I shall teach her book on 'Ethics' with more interest and understanding than ever before."

Another thing that impressed me was the many sacrifices the students make to receive an education.

Since my return I have been asked whether it pays to go to Teachers' College. Personally, I think that any broadening in one's outlook or enriching of one's life is well worth while, even at a sacrifice of many other desirable things, yet, even at the world's valuation, which we cannot altogether ignore, one would think that the bigger the woman and the broader her experience and knowledge, the more she should be worth in any position.

The keynote of this entire convention has been "properly prepared women for the work." I would suggest to the nurses, that as soon as they discover what special branch of the work they intend to pursue, they enter Teachers' College in New York for one or two years of further preparation, be it as superintendent, teacher, private nurse, or social worker.

MISS BALCOM.—Miss Kelly spoke about the expense being prohibitive. I think any nurse who aims to take that work and can think about it long enough beforehand can save for that purpose. If I may be personal, I do not believe anybody is more limited in means than I, and as Miss Kelly says, it cost me a little more than I could carry, but I did it and I think others could do it also. I think the prohibitive part is lack in some instances of saving enough for expenses before taking the course. I have had nurses ask me about the course, but having no foundational experience they cannot get out of it what they need until they have first had some training-school work, and in addition to training-school work they should have some private duty and post-graduate work, and then I believe some institutional work sufficient to make them know what they need and what they lack when they go there. I think the Teachers' College work should be the culminating preparation for an institutional career.

MISS SMITH.—It gives me great pleasure to add my testimony to the statements that have been made, and they have been better expressions than I am able to make, but I only wish to reinforce them while standing on the floor by giving expression to the words that come to me at this time. The course in Teachers' College serves to give us a stronger exposition of humanity. I think no one can go to that school without finding it a great benefit. It is one of the best things it has been my privilege to take up. I would say in connection with the ability to teach I did not feel before that, that I was getting what I wanted, but, as the last speaker has said, I do not think any one ought to go there without a sufficient foundation. Almost any educational institution requires a certain preparation for entrance, and I think before any one enters Teachers' College she should have a foundation laid for the work she expects to take there. We can make considerable provision for expenses before we go to Teachers' College if we have for some time previously set our minds on going there. I am exceedingly glad to think that the school at Teachers' College is beginning to fulfil the expectations of our leaders who organized it.

MISS KELLY.—I want to eradicate from the minds of those present an erroneous impression I may have given. I did not mean to say that the cost of attending Teachers' College was so great that it was beyond our means, but in this matter it is a case of will as much as anything else. I think no woman who wished to take the course would object to making a considerable sacrifice. I think every woman so far has paid her own expenses. Another point I wish to mention where I might have been misunderstood, and that is that I was not depreciating Teachers' College in recommending the state university. The Teachers' College means a great deal. My only thought was to make it possible for a greater number to get this most valuable training.

MISS L. L. DOCK.—There is so little known of the first inception of Teachers' College that I would like to refer a little bit to its early history. There are many who can remember the first days of it. I want to speak of two people, one who thought of it and one who carried it on. I had the great pleasure of being associated with Mrs. Robb when the Teachers' College course came into her mind. I saw it dawning in her eyes at breakfast; at dinner time it was nearing completion and at supper it was finished in all its details. We used to walk around the hall and see the classes grow and graduate and then follow them out into the world. I remember well how unselfish and how enthusiastic these two were over the proposition as to how there should be a higher education provided for women to fit themselves for higher posts of duty. Then I want to speak of Miss Alline who held it practically in her hands, and I want to say that Miss Alline practically gave her services during that period of great trials and difficulties and made it possible to work out what we have to-day.

MISS NUTTING.—I do not think we would have had any Teachers' College course if it had not been for Miss Alline's patient and steadfast purpose. It was this determination to carry out Mrs. Robb's idea that led Miss Alline to take up the work. The idea is the training of the teachers. The preparation of the hospital superintendent has been less work, it has been more satisfactory, and we are all realizing that in connection with hospitals it is going to open the door wide so students from a registered college can work under the competent supervision of a nurse in an adjacent hospital. It opens a rich field for women who desire to qualify themselves for district nursing by affording them

an opportunity to take a course in social economics, an insight into simple, every-day matters, such as houses and living conditions, and those students who are taking that course are enthusiastic over the outlook, as are the teachers.

FRIDAY AFTERNOON SESSION

Letters of greeting were read by the secretary from Mrs. E. G. Fournier and from the National Woman's Christian Temperance Union, Department of Medical Temperance.

THE PRESIDENT.—It is gratifying and encouraging to receive greetings from important bodies working for the public good.

STATE SOCIETIES THEIR ORGANIZATION, AND PLACE IN NURSING EDUCATION

BY SOPHIA F. PALMER, R.N.

I SHALL spend no time in discussing the details of the early stages of our organizations, you are supposed to be familiar with them or you would not be here. I have prepared my paper with the idea that it will be simply a suggestion for this meeting and to promote discussion.

My subject covers the form and function of the state society, the fourth in the chain of five links of the constituent membership of this association. After the American Society of Superintendents of Training Schools, the *alumnæ* associations, the national Associated *Alumnæ*, we came to form state societies, for the definite and separate purpose of promoting legislation for state registration of nurses. Since entering upon the 20th century, there have been organized 33 of such societies; 24 have already secured legislative enactments, and all the other states will in time be successful.

What is to be the future of the state society after laws are well established and in successful operation?

First as to its form. Hardly more than two of these 33 state societies are organized on the same lines as to membership. In some, the membership is purely individual; in others, there is representation of *alumnæ* or county societies, New York having all three. While the *alumnæ* societies are practically all of one form, of the county societies we have those formed of individual members, which are largely a duplication of *alumnæ* membership, and county societies composed of both individual and *alumnæ* affiliations.

Such a jumble of form in the membership of these societies is not to be wondered at when we remember the pioneer work for which they were organized,—the protection and education of one class of women

workers, distinct from suffrage legislation and labor legislation. History has repeated itself in bringing splendid results out of crude methods, stimulated by earnest patriotic effort. We are now passing out of and beyond the pioneer period of our state work and as we look backward it is comparatively easy to choose from the best a form that can be applied to all the states, bringing them into greater uniformity, simplifying the administration, and making representation in our national association uniform. We may go outside our own profession, if we will, and profit by the experience of the American Medical Association, which society, after fifty years of ill-assorted membership, has outlined a form of constitution which it urges all its constituent members to adopt.

With the medical society, the county form of organization, based upon individual membership, is the unit of its official life. I question whether the time has come when the elimination of the alumnae association will be favorably considered by nurses. We cling to that because it is first of the local associations, because it possesses something of the hold upon us of home ties, but in the broadening of our work and in the greater range of our educational efforts it would seem to me that we are rapidly reaching the limitations of the alumnae form. In many places such a change would instil new life where a condition of inertia now exists.

In our large nursing centres where the alumnae association is the chief constituent in the state and national organization, there is an unwieldy duplication of work and expenditure of money which, if concentrated, would not only lighten the burden of labor but would bring together in closer personal relationship the nurses of the community. We have to concede that the child who stays always at home, the men and women who spend their lives in one environment, become narrow and selfish, while those who get out into the world and knock about with different people, under different conditions, accomplish more both for themselves and for society at large. Cannot we apply this principle to our nursing organization? We see the same women year after year in our national and state organizations, we know that hundreds of equally good women are staying at home, never getting outside of the alumnae circle.

My motive for recommending strongly at this time the use of the county form of organization is to bring these thousands of stay-at-homes out of their shells into a broader local touch, and then into the state societies which must become great post-graduate schools for the education of their hard-working members.

Even with the county society adopted as a unit, I doubt whether we have developed sufficiently to make so radical a change as to make the state societies the constituent members of our national organization. Here it would seem to me wise, after the adoption of the county, to continue for a time representation from the counties to the national according to their membership. By the development of such county societies uniformly over the country, we should bring into membership hundreds of isolated women who are now excluded from any part in organization life because they are at a distance from the point where they received their nursing education.

I do not recommend that the *alumnæ* form be abandoned, but I would suggest that it serve a somewhat different purpose, that of friendly social relations between members who are together, and care, for the present, at least, of those incapacitated by sickness or old age, and the strictly educational side of the development of the school. In this last particular we have not yet received very much recognition, but I feel sure that will come as a matter of progress as it has in all the other professions.

In the county society there would be more strongly developed all of the educational and political interests which concern our organization life. The coming together of graduates of different schools to discuss questions of local, state, or national interest would be much more stimulating and it would be easier to maintain interest, in my opinion, than it is at the present time with our multiplicity of organizations.

We have a number of states organized on the county basis, delegates from which we have here to-day.

The continuation of the state societies is absolutely essential if only for the purpose of safeguarding the laws which they have been the means of securing. Every state should maintain a watch-dog policy towards the administration of those laws which pertain to nursing affairs. Without such a policy, their administration will deteriorate and their value be lost. What is everybody's business we know is nobody's business.

In the organization of state societies I would recommend the embodiment in the by-laws of certain limitations of terms of office. In fact, I think this would be a good policy to follow in our national organizations also, for not only should work be divided in turn, but the privileges and honors should be shared. It is a great privilege to attend a state or national convention as an officer and to have all of one's expenses paid, and, in my judgment, it should be impossible for such privileges to be held for more than two years by the same

person. This not only shares the labor, but it educates different groups of people in turn and stimulates all the members to greater activity and willingness in the home work, for election to state or national office should be a reward for home services. This principle applies to state boards of examination also.

I believe that the funds of an association should be used liberally for forwarding its work, that the expenses of all members of committees should be paid when attending to their work, and that committees should be distributed geographically and not be made up of members resident in any one section from motives of economy.

The fact that doing the work of a society, whether local, state, or national, serves as an educator to the individual should never be lost sight of when appointments are made. It should be not only what the individual can do for the society but what the society can do for her.

Already some of the state societies are following a line of procedure which is making them post-graduate schools for their members. By holding the state meetings in the different cities of the state in turn, scores of nurses who never attempt to attend the national convention and who cannot take time for post-graduate courses reap the educational benefits of such gatherings.

I would make the state meetings a three days' session,—the second day divided into sections, with a chairman and secretary for each, who should have been appointed at the beginning of the year and be entirely responsible for the section. To demonstrate: three groups could be arranged for each half day's meeting, superintendents, private nurses, and social workers in the morning, and boards of examiners, visiting nurses, and tuberculosis nurses in the afternoon. Each state would vary its subjects from year to year, but the advantage would be the meeting of workers in the same line, where discussion would be free and full, and the social side be quite as advantageous as the strictly educational. In fact, I would make the state society after the form that I believe the national association should be.

I should like to make right here a plea for simplicity of entertainment at such gatherings. Already we begin to hear from the busy women that they cannot afford to attend one or another of our conventions because in addition to travelling expenses they cannot afford to dress for them, and while I think this may be something of an exaggeration, I do not think a word of warning is out of place. There should be no entertainments given of such a kind that our humblest workers should not feel themselves suitably attired if they attend in their Sunday best. I would also eliminate expensive local entertaining that is prohibitive to the smaller cities.

The state meeting should be the place where the hospital workers come forth strongly and show new methods which are being developed within their walls, because we all know that it is in the hospitals that new devices originate and that new methods of treatment are developed. In the earlier days of our organization life we looked to the hospital workers for leadership. The earlier superintendents were our leaders not only in organization but in everything pertaining to education, but with the broadening of nursing education the younger hospital workers seem to be losing their sense of responsibility to the nurses in the field and to their profession.

It would seem to me that for a few years at least our state societies should turn their attention to thorough reorganization. In order to secure uniformity it would be well to follow the lines of the American Medical Association and appoint a committee from this association, composed, I would suggest, of one representative from each affiliated state, to draft a model for all of the states to follow. With the member of this committee as its chairman, each state should go thoroughly into the organization of its affiliated societies or form of membership. In several states this would entail very complete reorganization, in others practically no changes at all.

Any plan for the reorganization of the national societies should, in my judgment, begin with the local unit, working upward instead of downward, as was done when the Associated Alumnae was formed.

All of our pioneer organization work was done hastily and by inexperienced people. The results have been splendid, but reorganization should come about slowly, be carefully planned by a representative committee, and every detail carefully discussed and thoroughly understood by the affiliated bodies before adoption. It is not a work to be done in a year, but must cover a longer period of time in order to be thorough and to meet the needs, not so much of the nurses of to-day, but of those who are to follow directly in our footsteps.

Such a committee as I have referred to should be allowed a sum of money for necessary expenses, and such work would be much more effective if a field secretary or general organizer could be sent about the country in the way that Dr. McCormick has been acting for the American Medical Association.

Such a plan as I have outlined, while it may not meet with approval at once, or be carried out on the lines I have indicated, is becoming so great a need that, like state registration, when once the movement is started it will sweep over the country. Hardly any of our reform movements have received the unanimous endorsement of all nurses

when first suggested, so that if this plan lies dormant for a number of years it will, eventually, under another title and by a more able advocate, be brought forward again and carried into effect, as such a conglomeration of organizations as now exists must lead to confusion because of their economic extravagance and wastefulness of human energy.

MISS GENEVIEVE COOKE.—Reorganization is certainly a difficult question under the present circumstances for the national association, yet we all recognize that there is a decided necessity for reorganization. I think in order that the members of the executive committee and the board of directors may keep in touch with the affairs of the association, it points to the necessity for reorganization. While they meet seldom, there is a necessity for frequent meetings, but they are separated by such a great distance that the nearest are called in from one section to make a quorum and the others are unaware really of what has been done, and there is therefore a lack of stimulus in that way to continue interest. It seems to me a division of the country into sections might be helpful. This has been done in other states and by other organizations, which have divided states into sections, having representatives in those states directly connected with the council or board of directors, and their representative is responsible for the work in that section. In the remote parts of the country, for instance like the Pacific Coast, it seems advantageous for the organizations there to have their own states connected in organization work. They have arranged their constitution and by-laws so they are quite uniform and the work can thus go on in a more uniform manner. In Washington and California the state societies are organized on similar plans, the states divided into sections, and in each section there is what is termed a councillor, who is responsible for the district and for the work in that section of the state. Those in the metropolis meet monthly and the reports are sent to each councillor in the state. Any question that comes up can be brought up at the same meeting in the metropolis. Minutes of that meeting are sent out through the secretary, thus keeping each section in touch with the state work. These reports can be given to other societies in different sections, and it seems to me a similar plan might come up in our national work so that each state society and board of directors could report directly after a meeting of the board of directors the work that has come up, and the interests of the members of the states in the work of the national society through its directors could thereby be better maintained. In regard to the sectional meetings of the different sessions at the annual meeting of the national association. I can see a great deal of advantage to the special workers in having these meetings at the same time, and yet I would regret the necessity for such separate sessions. As an example, the three subjects which were discussed to-day and which are all in the field of special workers, yet have an interest for all the members, but with separate sessions members could attend only one; so this would be a disadvantage in general while it would be an advantage to the special workers.

Especially do I think that our state societies and national society should make provision for carrying on educational work in such a way that a field secretary might be maintained. The salary would more than be returned by

the increased interest in the work, and I think a great effort should be made for just such an officer, and also to provide for working officers in the national association as it stands to-day. I hope very much the subject of the salary of the secretary of the national association will be discussed this afternoon in discussing the subject of organization.

THE PRESIDENT.—This paper is now open for general discussion, and we are ready to hear suggestions in regard to our national association, suggestions that might be referred to the executive committee, who could refer them to a special committee to see to the details of reorganization. Our society has been growing up under the *alumnæ* association. We had no state societies when our *alumnæ* were first organized, and now we are admitting city and county associations and we want some better plan of affiliation, so that we can work upon a better basis. We want more suggestions from delegates as they are here to-day, and some opinions as to the present methods and how we can improve upon them.

MISS DOCK.—I think we can take example from the German Nurses' Association. With fourteen hundred members the association supports four salaried officers who conduct the business from a central bureau. They are enabled to give their whole time to the business. They have a central business office at which they conduct their business and are thereby enabled to keep in touch with all the members of the association. Then I have to think of the English Nurses' National Association, which includes all the affiliated membership for international purposes, the city societies of registration, and a great number of leagues which correspond to our *alumnæ* associations, the Society of Superintendents of Training Schools, and several similar societies. In regard to our own organization, it seems the logical trend of affairs was toward the union of state societies. I once argued against giving up our *alumnæ* membership, because at that time we had no state laws and the *alumnæ* upheld the standard of training; that was the only standard we had to work by. To-day we have state laws and good laws, and I think the idea of clinging to the *alumnæ* association no longer holds good. In the future it must be our state laws which must set the standard, and while not always as good as we might wish, they would uphold the standard. We must in future look to a society composed of state organizations. I should like to see affiliated with that in membership our international council, and all the different societies for federation purposes. I should think, however, the worst calamity which could happen to this organization of nurses would be for the Superintendents' Society to lose its identity. I feel it is most important for our society that the Society of Superintendents of Training Schools should always retain its official identity as a separate organization. I think the suggestion has been made to have it merged with the national society on the ground of economy, having one secretary to do the work of the combined organizations. I quite feel that friendly relations should always be maintained, and from the standpoint of the international council of nurses, you see that in this country we must have one central group to represent our organizations because we cannot have more than one association in each country. If we did, we would fall into indescribable confusion, because we would get little groups on the field who would want to work by themselves. In the future I think our national association of nurses, consisting of state organizations, will have its work to do, and our superintendents' association has its special work to do. My idea has always been that in the International Council our American

group would comprise all these organizations. It seems clear that some of the confusion is arising from the fact that the Federation of Nurses appears to you as a separate society. That was not the original intention and I think in the future it could be easily avoided by not having the joint meeting with the federation called except at international periods, when we have to elect delegates to the international council. That would be often enough for the international group to meet. Trouble could be avoided by not putting any work that requires continuity of efforts, by keeping it in the nurses' association or the superintendents' association. Originally the joint meeting of the Federation with the other organizations was simply for the purpose of continuing the international federation.

MISS ELDREDGE.—While we are speaking on the subject of reorganization and while we are trying to fix a standard, I should like to call the attention of the nurses to a very small matter, perhaps, but one that will ultimately mean a great deal to us, and that is the standard of our state associations. It was called to my attention by the fact of a nurse, a graduate of a small hospital, taking the examination in one of the states having registration and passing the examination, but because of her having graduated from a small training school she was refused admission to her own state society. Her alumnae association is not large enough or the school is too small to carry graduates enough at the present time to form an alumnae association. As a consequence, this nurse, whose eligibility was decided by the best test, an examination, is unable in any way to associate with the alumnae. It seems to me in justice this organization should take notice of a case like this.

THE PRESIDENT.—This is a point we are very glad to have brought out. We must decide the standard of the eligibility to the national association if we begin to reorganize. At present eligibility to a full membership is given to members of the alumnae association and delegates. When these laws were framed, we had no state registration laws and no state societies, and we have to consider very carefully whether we shall accept the standards of the state, or whether we shall define a law of our own to cover that point.

MISS NUTTING.—To bring this matter to an issue, may I move that a committee be appointed of the council and the Associated Alumnae to consider this matter of reorganization and present a report next year? May I say also that as president of the Federation for many years I have met and faced the conclusion in the minds of a good many people as to whether it was a separate society. To remove this impression and place the matter on a definite basis, I wish to move the appointment of a committee as suggested to report next year.

The motion prevailed unanimously.

THE PRESIDENT.—Now it is the business of the associations affiliated and the associations in full membership to study out very carefully some plan which they can present to this committee to consider. Some time will probably be announced when these suggestions may come to the committee. The suggestion of the executive committee was given to you yesterday morning regarding the taking up of the note for JOURNAL stock. The executive committee recommends that the three notes be paid and that the rest of the stock be purchased outright.

On motion of Miss Bishop it was decided to pay the three notes and purchase the outstanding stock.

THE PRESIDENT.—Now, are there any plans to be placed before the association with regard to the purchase outright of the stock?

MISS PALMER.—Madam President, it will be nine years the first of October since we put out the first number of our JOURNAL, and during that time we have been trying in various ways to evolve some plan by which we could take over the ownership or financial management of the JOURNAL bodily. There is some confusion in the minds of the younger women, particularly, as to why we ever had a separate JOURNAL company. We thought of the JOURNAL a good many years before we were able to establish it. We were unable to establish it before we had money to do so. We came together in groups like this and discussed the matter and offered suggestions, but we were afraid to undertake the financial burden necessary to establish a magazine. Finally, to cut the story as short as possible, a group of members discussing the matter, just as we are doing here to-day, suggested a plan and, under the leadership of Miss Davis as chairman of the committee, agreed to provide the money to make a beginning. I will mention the names of these women. There was no organization, no guarantee that we would ever see that money again, and all agreed that if it was lost it would be in the cause of nursing education, and that no one would blame the other. These women were Miss Davis, Miss Richards, Miss Nutting, Mrs. Robb, Miss Dock, Miss Palmer, Miss Brennan, Miss McIsaac, Miss Dolliver, Miss Allerton, and Miss Nevins. You know them all. A year or two after the JOURNAL was started it became necessary, in order to carry on the business of the JOURNAL, that these people should form a corporation, organize into a company. We were doing business in a loose way, and our business was developing and spreading and reaching out in many directions, and in order to have a standing among business people we had to form a corporation. That is how the AMERICAN JOURNAL OF NURSING COMPANY came into existence. The stock was taken up at the request of those individual members by the alumnae associations, with the plan definitely submitted, and with the understanding that the stock would be bought from the individuals and from the associations by the Associated Alumnae. Now we have been in existence nine years, and we have turned this matter over and over and have had plans submitted every year, yet we have come to no definite conclusion as to how the Associated Alumnae is to redeem its pledge to its founders and acquire the ownership of the JOURNAL. In the meantime we have developed, we have become rich, so to speak. We have become so rich that we can give away money to other charitable and educational purposes. That was right for us to do, because our own JOURNAL was being taken care of by people in whom we had confidence, but it is a constant handicap and is creating some degree of discord in some directions because the matter is not understood. The stockholders have offered it to you many times and would be glad to have you take it over if you will. We have given away \$5000 in the last two years and have not felt it the least bit. The plan I have to propose is so simple that I am almost ashamed to submit it. We need to have \$7000. We have some 14,000 or 15,000 individual nurses affiliated in the different organizations which make the constituent membership of this society. If we could prevail upon these 14,000 individual members, each one to contribute 50 cents to the JOURNAL fund, the thing would be done. It seems to me just as easy as rolling off a log, and we can do it, all that is necessary is to undertake it. If each

one who is here as a delegate, when she goes back will urge upon her society the necessity of individual members contributing 50 cents towards the purchase of the remainder of the JOURNAL stock, I believe the plan can be carried out, and if there is a deficit, it can be made up from the treasury, for those who are either too stingy or too poor to pay their share. This is all I have to say.

MISS JOHNSON.—On behalf of the California Hospital alumnae association, I wish to make this motion, that this plan be adopted, that every delegate upon her return home pledge her organization to pay 50 cents for each individual member.

The motion prevailed unanimously.

MISS McMILLAN.—It seems to me a motion might be in order to have a vote of appreciation tendered to those nurses whose names Miss Palmer read and whom we all honor, and I wish to move a vote of thanks and appreciation to those members, to those women who have so long and faithfully carried on this work; we want to show our appreciation in some way.

The motion was seconded by Mrs. Tice and, being voted upon, prevailed unanimously amidst applause, the delegates rising to their feet.

MISS PALMER.—If I may represent the women on that roll of honor, I would like to say that however appreciative we are of the honor you are giving us, we would just at this time rather have the hard cash.

MRS. A. R. COLVIN.—I have been in a position to know the editors of the JOURNAL and I am opposed to the Associated Alumnae taking over the control because I do not believe they are as capable of giving us as good a paper as the JOURNAL company has done. The only object I have is to represent the nurses at large. We in the West do feel that although it will belong to us we shall not be represented as we have been. We feel we have a great interest in the JOURNAL and we have great confidence in the JOURNAL company.

The president explained there were one hundred shares issued and sold long ago. The Associated Alumnae has taken twenty-nine shares, and during the last year six shares were purchased and notes given therefor. The Superintendents' Society has two shares. The JOURNAL, if it were issued by the national society, would belong as much to one state as to another, just as much as it does now, because we are all affiliated with the national body. Miss Palmer has explained the old idea of ownership. The present idea is to have delegates go home and try to awaken interest in their associations and strive to have pledges made to purchase all the stock. If there are any here now who would like to make pledges for their associations we would be glad to receive them. I remember at the Richmond meeting I made a pledge of \$500 for our association to the Hospital Economics Endowment, and when I arrived home I was almost afraid to tell them what I had done; I was afraid I would have to pay it out of my district nurse's salary. I think our alumnae association has given \$650 so far.

MISS GOODRICH.—They have paid more than Miss Damer pledged.

THE PRESIDENT.—It has been suggested that if there are any individual owners of shares willing to give their shares as a gift we shall be glad to receive them.

The following pledges were made:

California Hospital Alumnae	\$100.00
West Virginia State Association	50.00
Michael Reese Alumnae	55.00

New Hampshire State Association	50.00
San Francisco County Association	100.00
Johns Hopkins Alumnæ	One share of stock
New York Alumnæ	200.00
King's County Alumnæ	50.00
Texas State Association	75.00
Nebraska State Association	50.00
Brooklyn Hospital Alumnæ	100.00
St. Luke's Alumnæ, Chicago	One share of stock
Missouri State Association	50.00
Illinois State Association	100.00
Iowa State Association	50.00
Old Dominion Hospital Alumnæ	30.00
Spokane County Graduate Nurses' Association	50.00
French Hospital, San Francisco	25.00
Lakeside Alumnæ, Cleveland	50.00
Methodist Episcopal Alumnæ, Brooklyn	30.00
Minnesota State Association	50.00
City and County Alumnæ, St. Paul	25.00
Asbury M. E. Hospital Alumnæ, Minneapolis	25.00
Roosevelt Alumnæ, New York	60.00
Homœopathic Alumnæ, Washington, D. C.	25.00
Graduate Nurses' Association of Pennsylvania	100.00
Maryland State Nurses' Association	25.00
Garfield Memorial Alumnæ	25.00
Homœopathic Alumnæ of Brooklyn	25.00
Post-Graduate Alumnæ of New York	75.00
John Norton Memorial Alumnæ	25.00
Georgia State Nurses' Association	50.00
California State Association	100.00
Graduate Nurses' Association of Ohio	25.00
Graduate Nurses' Association of Cleveland	25.00
Boston City Alumnæ	50.00
Indiana State Association	25.00
Oregon State Association	50.00
Massachusetts State Association	100.00
Wisconsin Nurses	25.00
Battle Creek Alumnæ	50.00
Wesley Alumnæ, Chicago	25.00
Mercy Hospital Alumnæ, Chicago	50.00
St. Barnabas Alumnæ, Minneapolis	25.00
Bellevue Alumnæ	200.00
Graduate Nurses' Association of Lafayette, Ind.	25.00
Monroe County Association, Rochester, N. Y.	25.00
Hope Hospital Alumnæ	15.00
St. Mary's Hospital graduates, Minneapolis	15.00
Pasadena Alumnæ	20.00
St. Luke's Alumnæ, St. Paul	15.00
Hartford Alumnæ	25.00

St. Joseph's Alumnae, St. Paul	25.00
Maine General Alumnae	25.00
Miss Genevieve Cooke	5.00
Miss Minnie Ahrens	2.00
Five members (cash)	2.50
Miss Jane Delano	25.00
Miss L. L. Dock	25.00
Miss Annie Goodrich	25.00
Miss Anna Davids	5.00
Miss Elizabeth Steele	5.00
Mrs. E. Baldwin Lockwood	5.00
Miss Florence Bishop	5.00
Miss B. Gardner	10.00
Miss E. Ellis	5.00
Miss Georgia M. Nevins	25.00
Miss Ellen Robinson	25.00
Miss Helena McMillan	25.00
Miss Eugenia Ayres	25.00
Miss Mary Gladwin	25.00
Miss Elizabeth Sherman	5.00
Miss Lucy Sharpe	5.00
Miss Mary E. Lent	5.00
Miss Florence E. Thompson	10.00
Miss Elizabeth Hanson	5.00
Miss Emily Courier	5.00
Mrs. M. E. Moyer	10.00

A silver collection was taken which amounted to \$73, total, \$3027.

THE ORGANIZATION OF DISTRICT WORK

By MARY E. LENT, R.N.,

Superintendent Instructive Visiting Nurse Association of Baltimore.

IN organizing a system of district nursing in a city in which such an association does not exist, certain things are to be considered, chief of which are the public, the physician, the patient, and the nurse herself, together with such connecting links as may be necessary. These we will consider separately, since it is upon the proper relation of each, together with understanding and co-operation, that the success of the work will depend.

THE PUBLIC.—Let us suppose that a certain community wishes to provide itself with a district nurse. The movement has probably originated within one group of people—a church, a woman's club, or a benevolent association of some kind. Let us say, for example, that it is a church, and that the nurse is wanted to care for the poor of a certain parish. It is quite natural, therefore, that the parish that under-

takes to support this nurse should wish to limit her service entirely to its own parishioners. But the service of the nurse is public service, and in spite of herself the nurse is a public servant, and as such her work must extend further than the bounds originally set. For example, she is caring for a typhoid in a house, duly a parishioner's. The doctor is pleased with her work, and the patient and his family are equally satisfied—and through one or the other side she is called to another urgent case, but this time outside the fold. It is at this point that the work should or must broaden out. A nurse cannot or should not be obliged to confine her services to one set of people, to one geographical area or limited range of activity. The limit of her usefulness should be natural, not artificial. She should be free to respond to calls from all sources, and the only reason for refusing a call should be because her day is absolutely too full to take on one more case. If, therefore, a certain set of people undertakes to support a district nurse, they should not confine her work but should extend it right and left. They should *interest the public* in the new venture. They should interest all the influential people in the community and explain to them what the work stands for, and ask, not for money, but for interest and co-operation. If, for instance, a church is supporting a nurse, the people of all the other churches should be told of this, "We are supporting a nurse to visit the sick poor—have you any cases in *your* parish that you wish visited?" Interest everybody in this way—do not omit nor antagonize a single individual or group of people. *At the point at which the nurse's hands become too full, some one else will come forward and support another nurse.* It is all a matter of judicious advertising and satisfactory work. Nothing so appeals to the public as the relief and comfort that is brought about by a district nurse, and if public interest can be aroused and the necessity for more workers shown, money will be readily forthcoming for another nurse. At this point, however, one of two things must happen. Either we have two nurses supported by two different sets of people, working as rivals in the same field, or else we have the nucleus of the visiting nurse association. The former condition of affairs should be avoided at all cost, and every effort be made to form the work into a whole, under one system and one head. Each side should make concessions,—should concede certain points, forego and forebear,—should use every possible means to bring about the one absolute necessity for effective work, concentration and co-ordination. To illustrate the former condition: there is a certain town of not more than fifty thousand inhabitants, in which three district nurses are at work, all supported by different associations.

There is nothing but overlapping, duplicating, and interfering with each other's work—all are rivals, instead of one compact, efficient whole. It began in just this way: recognition of the good work of the first nurse, yet when it came to supporting other nurses, petty jealousies and disagreements on the part of those willing to support them led to disorganization instead of organization. The result is wasteful and ineffectual effort, through which the patients suffer.

Let a district nursing association, therefore, be formed as soon as possible, even at the sacrifice of what each side considers the essentials. The Board of Directors should be a mixed Board, composed of men and women, which will give a broader outlook than if one sex alone is represented. Each society or group of people may support in its own name as many nurses as it likes, but the nurses should all work under the direction and control of the visiting nurse association, and be subject to the rules and regulations of that institution.

THE PHYSICIAN.—The cordial co-operation of the physician is absolutely necessary if the work is to be successful, since the rules of a district nurse association always provide that the nursing care and attention given a patient shall be under the direction of a physician.

Unfortunately, in beginning new work in a community, the attitude of the doctors towards it is often one of distrust, if not actual hostility. This is especially so among the poorer physicians, who foresee in the nurse a rival, or at best a spy, and such suspicions are often hard to overcome. I think this prejudice is one common to every visiting nurse association at the outset of its career. We encountered this feeling in Baltimore fifteen years ago when the work first began, and I think it is the usual experience in all work of this character. It disappears, of course, as soon as the physician realizes how the nurse is able to help him in his work—when he realizes that she is not a rival, but a most valuable assistant in his success. Therefore, to insure to the new work as small a handicap as possible in this direction, every doctor in the community should be visited beforehand, and the object and nature of the work should be carefully explained to him. This visiting should be done by members of the Board, and especially by the nurse herself. Misunderstandings will thus be avoided at the outset and in this way much valuable time will be saved. If the patient is to be well taken care of, the nurse and the doctor must work closely together, in confidence and understanding. The nurse should not criticize the physician, nor in any way cause him to feel that she is undermining his influence, or prejudicing the patient against him. More can be accomplished in the end by working *with* a man than against him.

and to-day in Baltimore some of our staunchest friends are those doctors who in the beginning were most bitterly opposed to the coming of the district nurse. The question as to how far a nurse should be loyal to an incompetent physician is not to be discussed in this paper. Certainly until the position of the new association is assured, it is better to overlook many things than to jeopardize the success of a work which has for its ultimate object the well-being of the sick poor.

THE PATIENT.—It is not altogether likely that the first calls will come from a physician—on the contrary they will probably be given by some member of the association, some interested friend of the society, or “benevolent individual.” If the patient has no doctor, the nurse should call one in. If he has, she should try to see him personally, explain that she was called to the case, and ask for any orders or directions that he wishes carried out. The best advertisement comes through a pleased patient and satisfied family, and good news travels fast. Contagious cases should not be visited, unless there is a special nurse for that class of cases alone. Otherwise, the nurse is more than likely to carry the infection to her other patients, and it is not fair to them, since, coming as she does into close personal contact with her patients, she is far more likely than the doctor to carry the disease from house to house. It is possible, however, to go to the doorsteps of a house and give very careful instructions to some member of the patient’s family, to see whether the family is in want, and to accomplish much by way of advice if not by actual service. As for obstetrics, unless there is a special nurse for such work, it is not possible for the district nurse to attend cases during confinement. It means that her other patients would have to be neglected, which should not be done. This also applies to operations in the home, unless the district is so light that the nurse is able to spare the time.

If possible the patient should always be made to pay a small fee,—ten cents at least, the nurse’s care fare,—though of course numerous exceptions will have to be made. This preserves or promotes the patient’s self-respect, and removes the stigma of being a “charity case.” Moreover, if the patient is paying the doctor for each visit, it is bad policy to pass over the nurse’s services as of no worth. People value what they pay for. They will grudge a ten cent piece to the nurse, yet willingly spend a dollar for patent medicine peddled at the door. To the ignorant and poor the difference in price is the difference in worth, and except in the poorest homes it is well to insist upon the fee. Moreover, as one becomes familiar with the pennies spent for candy and the other petty wastefulness of the poor, to say nothing of the money spent for

drink, the nurse will realize that in demanding her small fee she is giving perhaps a first lesson in economy and self-control.

CO-OPERATION WITH OTHER AGENCIES.—The nurse should never give money or material relief of any sort to her patients. It would be a mistake for her to become known as a relief-giving agent. If a family is in distress, the nurse should call upon the proper agency at once, and she should have at her finger ends a list of all the societies from which relief is obtainable, and know to which to refer her cases. She should, however, call upon these agencies wisely, not indiscriminately, and it is this knowledge that is often so difficult for the new nurse to obtain. To the beginner, *all* cases seem poverty stricken. Experience in the homes, however, soon brings with it recognition of degrees and grades of poverty, from that caused by utter shiftlessness up to temporary straits resulting from illness. An increased understanding of human nature likewise adds discrimination. The nurse should be on friendly terms with the agents of all the charitable associations,—she should know something about the work of each, and at what point their work bears upon or supplements her own. She should call upon them freely, but should recognize their boundary lines as well as hers. Close co-operation, not interference, is the secret of obtaining the greatest good for the families under her charge. She should be able to diagnose the needs of her people, moral and material, and should call upon the playground, the settlement, the fresh air farm, as well as the charity organization for such assistance as they require.

LOAN CLOSETS.—While it is absolutely unwise for a nurse to identify herself in any way as a giver of material relief, she should have at her disposal a well stocked loan closet from which nursing appliances may be loaned to the patients under her charge. These supplies consist of bedpans, rubber rings, rubber sheets, ice caps, hot water bags and the like, as well as sheets, pillow cases, nightgowns, blankets and so forth. Each article should be distinctly marked, and the nurse should see to it that they are returned promptly when no longer needed. Loss and breakage constantly occur, and recruiting this loan closet may well be made a subject of interest to the kindly disposed. To send a pair of sheets for the use of a typhoid patient is something definite, whereas the giver of a dollar has but a vague idea, if any, as to how his dollar may be spent. After all, people like to know how, and in what way, they are helping a cause. Never refuse a donation of any sort, no matter how inappropriate it may seem. Sooner or later it can always be used and it is never well to discourage would-be givers.

THE NURSE.—So far the nurse has been taken for granted, but

now we must consider her and such things as pertain to her—personality, temperament, hours on duty, salary, and so forth. In the first place it is a long cry between being a good nurse and being a good *district* nurse. The two are not in the least synonymous, and while a good nurse may be and often is a good district nurse, it does not follow, as the night the day. In organizing district work, it is most essential to place an experienced district nurse in the field. It is a profound mistake to begin the new work with a totally inexperienced woman, however capable she may be as a professional nurse. So many mistakes are made, so much time wasted, so many antagonisms created that it may take months or years to overcome them, a handicap that no new work can afford to assume. It is not alone a question of proper surgical technic, nor how to give a typhoid sponge,—in fact it sometimes seems as if these requirements were far down in the list of the things necessary to make a good district nurse. I have in mind a certain small town that wanted to get a district nurse *at once*. Never having had one before, they could not tolerate an instant's delay—to wait a few weeks to secure the right person was absolutely out of the question. None of the right sort being immediately forthcoming, and eagerness to begin the work being at fever heat, they found a nurse for themselves and set her to work. She was a good nurse too—her hospital experience had been excellent, in private duty she had been a success, but her knowledge of district work was nil. She was unskilled in dealing with people in their homes, knew nothing of social problems, nor of the complications of the wheels within wheels of our social fabric, therefore she soon had the whole place by the ears. At the end of six months she gave it up, but she left behind her a whole community so bitter and prejudiced that the very mention of “district nurse” calls forth a storm of abuse of the entire system. This perhaps is an extreme instance, yet in a modified degree it exists wherever an incompetent, untrained woman is put in charge of work she knows nothing about. We should rightly condemn a nurse totally inexperienced in institutional work for attempting to take charge of an institution, and we should condemn the judgment of those who put her there, yet every day nurses are “beginning” district work who have had no experience whatever in the field. It would be better to wait six months or a year until the right person is found than to start the work with the wrong one. Schools for the training of district nurses will help to solve this difficulty.

HOURS.—No nurse should remain on duty for more than eight hours a day. From nine to five, with an hour off for lunch, constitutes a good day's work. Of course there will be many exceptions to this, as

the districts will often be so heavy that the nurse will be obliged to work longer, but it is well to recognize that such work is overtime, and that a policy that permits it is short sighted. A valuable woman, who has become so by reason of her experience and familiarity with local conditions, is often broken down by overwork just at the time when her usefulness is greatest. One-half day a week and Sundays free should also be in the bond, although of course emergencies will arise. There should be *no night work*. A system that permits a tired nurse to answer calls at night after a hard day's work is both brutal and stupid. *No exceptions* to this rule should ever be made. It is often hard for a nurse to refuse such calls, but she can always say that it is a rule of the association, and the directors or committee should stand firmly behind her in this refusal.

SALARY.—The usual salary is about seventy-five dollars a month, or its equivalent if board, lodging, laundry, car fare, and supplies are provided. This will vary in different sections of the country as the standards of living vary, but a nurse should clear at least forty dollars a month, otherwise it will be hard to find a good nurse willing to continue the work for any length of time. The reason we have such difficulty in recruiting our ranks, and have to deal with a constantly shifting personnel is because district nurses are paid such small salaries. Just as a nurse becomes experienced and hence most valuable to the work and the community, she has to pass on to some other, perhaps less congenial, but better paid branch of the nursing profession. We can attract but we cannot always obtain or retain the class of women we should like to have, because the pay is so much smaller than that of other kinds of nursing work. District work is hard and wearing, and in order to get the right sort of women we should be able to pay them better.

THE SOCIAL WORKER.—I have said before that a good nurse was not always a good district nurse. That is because something else is required than professional skill alone. It requires a broad outlook on society as a whole and an intimate knowledge of social and economic conditions. A course in one of the schools in philanthropy is a valuable asset, or else its equivalent in reading and first-hand experience. Unless, however, one has a mind capable of such an outlook, the work of the district nurse will sink to a dull routine of hard work, unsustained by the "vision." It requires, in other words, a different type of woman entirely. Many good district nurses become so by long experience, but one must have the vision to become really efficient. Our work is not merely nursing. It is understanding of the social web, and knowledge

of the forces at work within it. We must recognize all the points of contact between our work and all other work for social betterment, and we must realize that no one phase of social activity can progress beyond all the rest, since all alike are interwoven and dependent upon each other in the great scheme of progressive betterment. It is the ability to see and to grasp the significance of all this that constitutes the difference between the mediocre and the successful district nurse.

MISS DOCK.—I would like to tell a story that illustrates a point made in the paper. One of our nurses had a case of smallpox which she recognized, but the young doctor in charge did not and for fourteen hours she tried all sorts of ways to have him recognize the case, and she asked him if it should not be reported to the board of health, and he said it should not. We have close relations with the board of health, and she telephoned up town just as you do to your friends. So at the end of a day, or a very long time anyway, she telephoned up to the board of health and asked some one to come down. They sent some one down and found it was smallpox. They gave the young doctor a dreadful raking over because he did not recognize it and they gave her a raking because she did not report the young doctor. He would not let her report it and she did not report it and so they got it all round.

MISS ALLINE.—In some of the smaller towns they want to start district work and don't know how to go at it. How can it be presented to them in the proper way?

MISS GOODRICH.—I would like to ask how a fitting preparation can be given?

MISS LENT.—I suggest you send a district nurse. Just along that line I have an idea. It seems to me that in one of our central cities we might ask one of our experienced superintendents to undertake to give one small district to the training of a head nurse for district work. Of course they must give the social work too. That is a plan that ought to be worked out. We are getting to it. Charity workers are putting nurses in the field who are not socially trained and it is not justifiable. We are going to lose our power in social and district work if we do not arrange very soon to give our district nurses social training before they come into actual active duty.

MISS PALMER.—How did you get your own training in district work?

MISS LENT.—I was trained in Baltimore under a nurse who started there five years ago. She had spent some time in England looking up the work there. Three years' experience did fit me for the work but I am learning every day.

MISS DOCK.—How is the school in Boston succeeding?

MISS GARDNER.—I think it is getting on very well, but they cannot take all the nurses they want to. I always suggested that every nurse should take the course, but it is so long it is impossible to wait and so she starts in without that training.

MISS AHRENS.—That training I am giving to my nurses. I do not feel that that prepares a nurse for district nursing. It gives her an insight into the work and gives her a broader viewpoint, but it does not make a skilled district nurse of her by any manner of means.

MRS. ROBB.—We are trying to work up a general course of training and then proceed to tack on all these things in place of the general training school.

MISS LENT.—If you have a nurse to put on the work, that nurse when she starts in first starts with district work and from that she goes to the various branches. Many people think it is the same thing. The training of district nurses in dispensaries is worked out in the same way. There is a system of district nursing in which cards are kept in the district nurse's office.

MISS PATERSON.—In a great many instances the nurse has to learn these things herself. They have to come to her during her work. She cannot refuse this knowledge, she has to have stability, she has to be fitted for this kind of work, but it is through reading and close co-operation with charitable bodies that this knowledge comes to the nurse in the district field.

MISS GARDNER.—I think there is a tremendous field for well-trained nurses. I have from ten to twenty letters a month asking for district nurses. They offer a small salary at first, but after awhile they would give anything on earth for a specialist district nurse.

MISS HOLMES.—I think it was Mrs. Robb who said this training was out of place in training-school work. I do not agree with that. I think if a nurse during her training can get a little insight into visiting work it will open up a great field for nurses who possess fitness for that work. A little bit of it is better than nothing at all, and if a nurse has a leaning toward that kind of work she will go on with it and we will get good nurses by that method which we would not otherwise.

MISS DOCK.—I would like to tell about a book Miss Waters is about to bring out. It will be a compendium of all the district nursing work in the United States. It is complete so far as ingenuity has been able to make it so. She will give the plan of organization, the number of workers, the way the work is systematized and carried on, what salaries are paid, the hours, and various other things and little details about all the district nursing associations in the country. She began some years ago and has perfected it, and it will be one of the most valuable books on the subject. She also shows up the tuberculosis work in the country. She also takes up the public school question, such as the open-air schools, of which they have an example in Providence, and all the things of that kind of which she has been able to gain knowledge. It will cost a dollar or a dollar and a half. It will be published by Stoddard & Force, and orders should be sent to them at 105 E. Twenty-second street, New York City.

MISS GOODRICH.—It seems to me that, now the body of district nurses has grown to such proportions, it would be practicable to establish a course. We had a small fund with which we decided to establish a tuberculosis scholarship, and when we came to determine how the woman could be given the instruction we decided she would require some such course as we offer at the School of Philanthropy, also a preparation given at Teachers' College. We thought these courses would be needed. We felt also that a woman should spend some time in dispensaries, also on the boats and in the day camps. It should be urged that she fit herself to become a teacher of those who are to follow. There is a continual demand for women who are properly equipped. It is very desirable that women take such a course in different cities in order to be ready to receive pupils.

MISS PALMER.—Has a woman already been selected?

MISS GOODRICH.—No, but one or two have applied.

MISS HOPKINS.—We have here the problem of securing district nurses. I think it is a new phase of our nurses' work and I feel that it is difficult for the woman without the proper temperament to start out in district work. I know in my own experience I am sometimes discouraged in the nature of women who make application. They may be good nurses, but they lack other qualities. It is a matter not so much of training, but, as Miss Paterson says, a special training and being able in a few months to recognize conditions. Each city has its own problem according to itself. Sometimes it is more the problem of not having the right type of woman who applies for this position of visiting nurse than anything else. I would like to hear something from the nurses present on the question of salaries of visiting nurses. In Milwaukee we pay a little more than most city associations, we pay nurses the first three months \$60, and \$70 after that.

MISS ALLINE.—Let Miss Lent tell us what she thinks of the work under the Associated Charities, whether she thinks the work can be done as well under that association as by an independent association.

MISS LENT.—I have had no experience myself. The question came up several years ago, and I believe there was a great discussion at one of the national conferences, and it might be interesting for you to know what Mr. John N. Glenn said at that time. I talked the whole matter thoroughly over with him. He also wrote a letter afterwards in which he said in his opinion the district nurses should work under a distinctly separate board. That the thing was too big, that the board of directors of the district nurses' association should be entirely separate from the board of directors of the charity organization. He felt that the charity organization had all it could do to take care of the social side of training its agents and looking after them properly. Of course, we take Mr. Glenn's opinion in a great many things, and if the district nurses were under an entirely separate board they, of course, would be a very close corporation. You know any district association or any number of nurses who have worked under a charity organization have given us some remarkable work. I do not know many that employ district nurses. Perhaps there are some here who could tell us how they feel about it. I feel very ignorant on the subject because I have not read their reports. I think St. Paul and Minneapolis have plans if they have not already carried them out. We would like to hear what their experience has been.

MISS PATERSON.—In the Minneapolis association we have our work in connection with the Associated Charities. One thing we have found difficult in connection with this work. We get calls from all sorts of people, and often when we go into a home the minute they find we are connected with the Associated Charities they say they do not wish to have us nurse them. If you are a separate body it is different, but as a general thing they do not wish the nurses of a charity organization. They do not consider a nurse in the same light as if she is from the Associated Charities. It is an advantage to come in contact with their agents and have an opportunity of learning from them. I worked for an organization in Chicago a number of years, and I feel that the visiting work of nurses can be done in co-operation with the organization, and I should want to work very closely with the charitable organization.

MISS LOTT.—These problems come up everywhere. During the month of May we had this problem to solve. I have been in my work for four years. I had no district training. I did not intend to follow it but took it up temporarily at first. I did the best I could. In district work it takes training along social lines; it gives a nurse confidence in herself. I have not had that social training, but I am glad to know there is a prospect of a school being established to do that work. The work in Colorado Springs has been carried out by the Episcopal Church and a salary of \$50 has been paid the nurse. They have maintained a nurse for eight or nine years. Just recently a lady who contributed \$600 a year found it necessary to withdraw her support on account of removal and it became necessary to put the work on a broader basis. It became necessary to determine whether it should be placed with the Associated Charities or whether it should be done alone. It was found advisable in Colorado Springs to have a separate organization, for the reason that there are so many charity patients coming to Colorado Springs from all over the country, and while they may have means at first, they find their health is not restored by change of climate and their means are soon gone, and it would be very embarrassing to the majority of them to be placed in the position of being assisted by the Associated Charities, so the work is organized as a separate association, although we are closely associated with the Associated Charities.

On motion of Miss Cooke, because of lack of time, two papers whose writers were not present were read by title only, and ordered printed in the JOURNAL.

HOW CAN WE PROVIDE SKILLED NURSING FOR PEOPLE OF MODERATE MEANS?

By LINA LIGHTBOURN, R.N.

Trustee in Charge, Hospital of the Good Shepherd, Syracuse, N. Y.

THE subject of this paper, which may truthfully be called a threadbare one, has been discussed at many important gatherings of our profession by those who have given much valuable time and thought to the question, but the problem remains unsolved and, I regret to say, will be as far from being solved after this paper is read as it was before. In fact it is with many apologies that I introduce the subject at all, fearing that you may become as puzzled as the man who fell asleep while receiving a curtain lecture from his wife. Upon waking up and still hearing her voice he inquired, "My dear, are you talking again or are you talking yet?"

It seems most appropriate that yours, above all other organizations, should deal with this subject, because your body is largely composed of the nurses whose services would be involved could we fathom the difficulty of how to give lower rates to the people of moderate means.

Having had, previous to my institutional career, several years of experience as a nurse on private duty, I am familiar with many situa-

tions, which arise, that prohibit a nurse from using a sliding scale of prices. For a nurse to try to estimate the ability of the patient to pay full price or under price for her services places her at a serious disadvantage. While the patient or the patient's family would unhesitatingly expose his or its financial condition to the doctor, if the nurse attempted any probing of the situation whatever there would be instant resentment. We are all acquainted with the specimens of humanity who dwell in "marble halls" and indulge in all kinds of pleasure-seeking, etc., who would not blush to accept a reduced rate from a nurse, and, in many cases, demand it.

If a nurse is a conscientious one and does her duty faithfully day and night, she earns her full pay. Where can any other wage-earner be found who gives sixteen and eighteen hours of labor, and frequently more, for a day's pay? I would remind you that I am referring to the conscientious nurse who faithfully performs all of her duties.

The work of the nurse is a great physical strain, thereby shortening the period of life in which she possesses physical ability to earn her living. The *income* she receives during her years of usefulness is variable and uncertain. Some of her living *expenses* are not uncertain, a few are variable. We all know that in dealing with the public we are open to criticism from which we have no opportunity to defend ourselves. A nurse who can afford it, charging a patient \$12 or \$15 per week because she feels sure the patient cannot pay more, paves the way for unjust and ill-natured criticism for the nurse who, at some future time, succeeds her in the service of this particular family when the full charge must be made because the latter nurse cannot afford to do otherwise. Again, if a nurse accommodates a patient by reducing her price, human nature is such that the patient will see no reason why she could not take care of *her* sister, *her* cousin, or *her* aunt, at the same reasonable figure. I would not like to leave the impression that I think nurses have nothing to give and are under no obligation whatever to give and give generously. Their time is theirs to give but their rates are not individual property. The Divine command "Be merciful after thy power. If thou hast much, give plenteously; if thou hast little, do thy diligence gladly to give of that little" was said as well to nurses as to others.

Giving must be a matter of conscience. No commands, however sacred, or legislation, however reasonable, can govern or regulate private charity. Frequently members of the medical profession have been heard to argue, why should not nurses give a portion of their time the same as doctors are continually doing? Do they stop to think

that if a nurse gives her time, her earning power ceases? If she gives time at all, it must invariably be, from the nature of her work, twenty-four hours at least and possibly, to do any good, it may extend over one week or more. Where is the physician who gives up the whole twenty-four hours of the day or one whole week, with absolutely no opportunity to earn even a few cents during that time? This perhaps seems like a deviation from the subject, since it is not charity we are speaking of but lower rates to people of moderate means.

Who are people of moderate means? Who has defined the income which should constitute this class of people? We are to suppose from the trend of argument this subject has always produced that they are people who are highly respectable, honorable, honest, have well-kept homes, but nothing luxurious; those whose combined family, or individual earning power would enable them to keep such a home, and pay all their expenses, but when sickness comes their slender resources are taxed. They *must* have a doctor, and they expect to pay him a moderate fee and will do so sooner or later, probably later. The doctor says they *must* have a nurse, and the doctor (all honor be to him, for we have many such) demands that the nurse be paid weekly. This nurse will have to be fed and housed while caring for their loved one. They cannot possibly pay more than \$10 or \$12 per week—honest souls that they are, this will be paid and paid cheerfully and promptly.

We will suppose a nurse has accepted this case at \$12 because she feels it her duty to do an act of kindness. Apropos of alluding to classes, let us ask right here, from what class does our average nurse come? Could she, should disease overtake her, pay even \$8 per week to a sister nurse to take care of her, let alone all other detail of expense of sickness? According to my knowledge of the average nurse, she could not. Granting this to be true, the nurse who took the above case at \$12 per week comes then from a *poorer* class than her patient. Also granting that the above definition of people of moderate means is approved, is it the burden of the poorer class to provide *even necessities* for the people of moderate means?

There may be many flippant and time-worn criticisms of the excesses and imprudent outlay of money indulged in by nurses,—I wish myself that I could see less of it and feel that nurses as a class are growing more provident, that they have more money in the bank and less on their backs,—but are the people of moderate means always as provident as *they* might be? Do they save up for a rainy day any better than our nurses do?

Experience as superintendent of a hospital, and being responsible

in a large measure for its financial condition, has taught me that it is these very people of moderate means who make the monthly deficit of hospitals. They pay all they are asked. They choose the priced bed that they know they can pay for, therefore they are perfectly honest. But where is the hospital that can support a bed it charges \$10 or \$12 per week for, for less than \$12 or \$14 per week? And who makes up the difference? Philanthropists—in one way or another—either by donations, bequests, or endowed funds. Until some way can be found to have philanthropy play a part in supporting a number of nurses who could be called upon to nurse the sick regardless of whether they are to receive \$10 or \$25 per week, this problem of supplying skilled nursing to people of moderate means must remain unsolved.

There are many nurses doing private duty who would gladly accept an assured income, or salary, even if it were not very high, in exchange for the uncertain ebb and flow of private nursing. How to assure this salary is the conundrum.

Governing boards composed of philanthropic men and women could be provided for nurses' homes or clubs similar to those provided for hospitals could they be brought to see the need for this work. With a corps of faithful physicians lending their patronage, the nurses engaged in these club-houses could be sent to all classes. The amount received from those earning the full price, together with the money paid those sent out under price, would almost meet the salaries, provided work was plentiful. This uncertainty of work is a condition which the unsalaried nurse is fighting single-handed at all times.

Other efforts relative to the care of the sick could be introduced to help support the club-house, such as preparing delicacies for the sick, nurses' registry, etc., etc. We may also look to an organization of this kind to discriminate between sending the graduate of many years' standing to give nursing worth \$25 or \$30 a week to those paying that sum, and sending a nurse who was a pupil yesterday and a graduate to-day, knowing little else but theory.

There is very little in our hospital training that fits a nurse to enter a private house, and her fitness for this has to be gained by experience. Who should suffer while she gains it? Surely not those paying \$25 and \$30 per week.

In the *Dietetic and Hygienic Gazette* of November, 1907, there is an article by Miss Pearl C. Winn setting forth the work of the Albany Guild.

A recent article on the "Nursing of People of Moderate Means," by Dr. J. N. E. Brown, containing a more detailed account of the

work of this Guild, was published in the *National Hospital Record*. To outline the work briefly, it is this: The Guild has at its head one or more hospital graduate nurses whose duty it is to supervise the work of women they engage to care for poor people and those of limited means, in their homes. These graduates go from house to house supervising the work of their pupils and giving such help and instruction as is needed, and in many instances giving treatments which are beyond the knowledge of their pupil. In due course of time these pupils are considered competent enough to receive a certificate and their charges are then limited to a maximum fee of \$15 per week as domestic or experienced nurses. Then they no longer work under the supervision of the Guild. During the time these pupils do work under the supervision of the Guild, the Guild charges the patient according to the value of the services rendered. Would it be an unwise suggestion to our hospitals that this line of work be taken up in some such manner as the Albany Guild conducts it, as a part of the curriculum of a three years' course in training, and in this way engage the agency of philanthropy?

The doctor who has no hospital appointment is one who should arouse our interest and concern. Both from a professional and financial point of view it may be difficult for him to part from his patient and send him or her to the hospital under the care of the doctor who may be fortunate enough to have an appointment there. If the hospital supplied pupil nursing under conditions mentioned above, there would be no reason why he could not call a nurse from it, knowing that his patient would have a skilled eye supervising the half-skilled care and thus keep his patient to his own advantage and doubtless the patient's comfort.

It was the lack of supervision which condemned the practice of sending our pupil nurses out on private duty when that was customary, as well also as the lack of regulation of time that a pupil nurse was kept on private duty. That our graduate nurses who are to do private duty in private houses should be so utterly ignorant of meeting conditions that only those who have done private duty know about, is a great reflection on our present methods of training. We cannot forget how constantly the pupil nurse was in demand when the training schools supplied them for private duty—and we also know that they were largely engaged by the people of moderate means. In those days one rarely heard of the domestic or experienced nurse as a *rival* in the field. That the experienced or domestic nurse must and will exist, I think both the medical and nursing profession recognize, but it is

only when she assumes to be what she is not, and the doctors receive her open-handed for what she assumes to be, that the situation becomes intolerable. Doctors themselves, on the other hand, are quick to resent *even unethical* proceedings among those of their own profession, and the law *protects* them from such impostors as we have to deal with.

In a paper on this subject, read before the New York State Nurses' Association, in October, 1907, by Dr. Franklin W. Barrows of Buffalo, there are many excellent points made, in fact it is among the best treatises on the subject ever printed; but with all his good reasoning, he places the responsibility of providing skilled nursing for people of moderate means on the nurse, for at the close of his paper, he says, "The nurse holds the key to the situation."

Again, Miss Aikens, in a short article on "The Care of the Sick of Moderate Means" asserts that the responsibility of the nursing of the poor and the people of moderate means properly belongs to the graduate nurse. So long as our hospital doors are wide open and bear the burden of those who cannot give payment in full for value received, the people of moderate means and the poorer classes, including our nurses, need not suffer great want. Those whose prejudices will not permit them to go to hospitals, must pay the penalty in *unskilled nursing*. There can be no argument brought to bear to prove that a graduate nurse should pay that penalty. Why should not those mothers who cannot go to the hospital and leave the children at home alone, look to the large army of women who may be trained to be mothers' helpers, housekeepers, children's nurses, etc., to care for their homes, while they are in the hospital? Why should the graduate nurses feel obliged to meet these conditions for which they are in no way responsible?

In the AMERICAN JOURNAL OF NURSING for April, 1909, an article by Miss Lily Kanely, R.N., appears, entitled, "A Successful Central Registry," which is very interesting. We note that one feature which contributes to its success as a registry is that experienced nurses are permitted to register as well as graduates, giving another illustration of the fact that the experienced nurse has her place in the world and must exist. The price of these nurses is graded according to the service they are capable of rendering. The nursing profession would be better off to-day if some such grading of prices could be made for the graduates.

It has been the aim of this paper to be fair to both parties, viz., the graduate nurse and the people of moderate means. It is far from the intention of the writer to foster or encourage a mercenary spirit in nurses. But alas! such is human nature that it is no less true of the

well-paid nurse to-day than it was in Thackeray's time and pictured by him as follows: "What love, what fidelity, what constancy is there equal to that of a nurse with good wages? They smooth pillows and make arrow-root. They get up at nights; they hear complaints and querulousness; they see the sun shining out of doors and don't want to go abroad; they sleep on arm chairs and eat their meals in solitude; they pass long, long evenings doing nothing, watching the embers, and the patient's drink simmering in the jug; they read the weekly papers the whole week through, and Law's 'Serious Call' or 'The Whole Duty of Man' suffices them for literature for the year."

We will hope that the great majority of nurses are those faithful ones who "unmoved by threatening or reward" do their duty, each earning for herself the commendation "She hath done what she could."

REASONS FOR CENTRAL REGISTRIES AND CLUB HOUSES

BY LINNA T. RICHARDSON

Portland, Oregon

THE reason for the existence of any business is that the firm conducting that business can supply the demand for a certain line of goods more quickly, in greater variety, and cheaper than the individual can procure the same goods for himself.

The nursing profession handles a commodity that is greatly needed when it is needed at all. Quality and quick delivery count for as much, perhaps for more in our market, than in that of other lines of business.

A central directory is a clearing house for nurses, and as such will require an operative system that has been tested and found reliable.

I believe in central directories conducted by nurses. If the demand is not supplied by the nursing profession, it will be supplied by people in other lines of business to the detriment of nurses, as often happens when the names of nurses are used as an advertising medium to attract attention to some one's more profitable wares. We do well to realize that nothing of value is obtained in this world free of cost.

A profession whose mission is to save life is surely equal to the task of *self-preservation*, *self-government*, *self-support*, and *self-respect*.

At the same time it is true that "no man liveth to himself and no man dieth to himself," and I am convinced that there is no such thing as independence as we are accustomed to think of it, but that interdependence is that which exists in its stead.

The world was not made for the advancement of the individual, rather the individual for the advancement of the world. Therefore if we take our place as a worthy profession should, we must consider the world that we serve in our professional life. That which will advance the interests of humanity will greatly advance the interests of our profession in the service of humanity.

The nursing world and the world to be nursed is fast learning the value of state registration of nurses. Hand in hand with that knowledge will come the realization of the value of central registries and homes for nurses. Humanity is the gainer by both of these advance movements. The successful nurse of the future is the wise nurse of the future. And she is wise who is broad-minded enough to consider her own welfare through every advance movement that can be used for the betterment of conditions now existing.

When thousands of people engaged in one line of work shall have the same ideals and the same ambitions, their wishes as expressed by their representatives will have weight with the people who need their services. In union there is strength, and this is an age of organization. To be able to advance the interests of the nursing profession we must therefore be united and well organized.

If western nurses have caught the true spirit in regard to the need of registries and club-houses, it is not because of any special farsightedness, but rather because of dire necessity.

The fertile field of the west is so likely to become a dumping ground of the unfit that self-protection is forced upon the people of the west at times. Therefore there is great necessity for registries and clubs where the many *fine* nurses that come to us may be assured of a welcome, and find a place to which they have equal right with the best in the profession. The registries that welcome the best tend to discourage the unfit who are in the profession, and we must admit that they are not a few.

Nothing that is worth while is accomplished without sacrifice, by the one for the many or the many for the few, and pioneers in movements for the benefit of any class do not lie on beds of roses. They find that every victory over prejudice, and every advance step taken, is the result of much expenditure of energy, and is sometimes accompanied by wounds and weariness. If the spirit behind the pioneer is what it ought to be these things will not lessen her efforts, for she will know that the best way out of all difficulties is forward.

It has often been said in my hearing that nurses are not good business women. If that is true, and I am inclined to think that it may

be true of many, it would be a great advantage to nurses to become good business women in short order.

Men of capital and business sagacity know that it pays and pays well to build apartment houses and hotels. They expect a return of from 10 to 17 per cent. on the money invested.

Nurses could as well have their money earning that interest as to be paying the same to the capitalist. The large profit in a building goes to the owner of the building and comparatively small profit to the person who is responsible for the success of the house and the problem of making it pay.

I feel sure that any large alumnae, or state association could form within itself a syndicate of women who could invest the capital necessary to build such houses as women need, and themselves have good returns on their investment, and the nurses so housed have better and cheaper homes than they could provide for themselves in any other way. They would do well to build much larger than they could at first use for nurses, filling the surplus room with business women. Thus the future would be provided for, and the present be made more livable by intercourse with women in other lines of work. Association with the women of the business world is helpful to nurses and a good thing for the business women as well. The effect is broadening and nurses need broadening as much as any class of people now living.

As to the building itself, I find that a house which makes it possible for a woman to economize for herself is the most desirable. The real woman is not anxious to do as little as she can for herself, but rather to do all that she can and do it well. Cooking for nurses is not satisfactory to nurses or to those responsible for the financial end of the undertaking. When a nurse does her own catering she makes herself pay the penalty of her extravagance if she is extravagant, and gives herself the benefit of her own economy if she is economical. There is no one to blame if she is not suited, and no one but herself to profit by her frugality. Therefore the house that I have recently completed meets a great need perfectly. A general dining-room would be run at a loss in a house where women of such uncertain habits are to abound and flourish.

The house that I find so satisfactory has a public parlor, is well supplied with baths, has a fine large laundry and drying room. The office and 'phone service is well regulated. The apartments large and small have each a small kitchenette in which every convenience is found though in a very small space. There is a sink, hot and cold water, shelves for supplies, place for a hot plate, an ironing board in the wall,

and the light and ventilation are all that could be desired. The room has a disappearing bed, a large closet and a stationary bowl; the furniture is plain but substantial.

There are in every city nurses who are capable of running this kind of a house, and I hope that the time is not far distant when nurses will take the matter up and have homes of this kind owned by syndicates of nurses or by associations of nurses in every large city.

Ours is a woman's profession in a man's world, and we need to realize that men will take much less interest in our advancement than we take in it ourselves. If that is so how much help can we expect outside of our own ranks? We shall not need help if we are interested in our profession first and ourselves last.

We are under laws made by men, we must pay tribute to Cæsar, for all things are Cæsar's. It is easy not to want to vote, not to try to build for ourselves, not to reason why it is easy, but in the end we must pay the price of our laxity and the price we can ill afford.

The products of our hands and brains are being appropriated to overflow the already full coffers of the rich of the world. Under such circumstances existence is fast becoming a problem which will be further complicated until women are willing to think and plan for women.

I do not even ask my sisters to excuse this little introduction of a few words in behalf of equal rights, if so you term it, because there are some things that we will consider later on though now we are inclined to shirk these seeming burdens, burdens that will one day become too great for us to bear.

I believe in *women*, as well as nurses, and I look for the time when women the world over will believe in each other and support every movement for the help of the women of the world of which, though nurses, we must ever be a part.

For the women in this convention to will is to do. There is no need to hesitate, but there is need to be united, and interested and anxious to make every effort tell for the good of the whole in the profession of nursing.

MISS GLADWIN.—Before we go any further may I make a motion that we appoint three committees to formulate a plan for district nursing, the care of the tuberculous, and the nursing of the insane, these committees to report at our next annual meeting.

The motion was carried.

MISS PICKHARDT.—I believe that only one-third of the members of the Associated Alumnae are subscribers of the JOURNAL. I would move that every nurse who is a subscriber at the present time ask for a subscription blank and give it to some member who is not. Our membership is fourteen thousand.

The president asked for information in regard to the publication of the proceedings of the convention in the JOURNAL, explaining that the JOURNAL company could not assume the cost of the publication of the full proceedings and all the papers, but would do so to the extent of an ordinary number.

After considerable discussion it was decided that the proceedings should be published in the JOURNAL and, by motion of Miss Delano, that the Associated Alumnae finance the additional expense and that the publication committee be empowered to cut down the material sufficiently to meet such appropriation as the Executive Committee might determine upon.

MISS COOKE.—In considering the reorganization of the association it seems to me that a very advisable thing to do would be to make the dues include the subscription to the official organ of the association. All members then would receive a copy of the magazine and it would rest with them whether or not they kept in touch with what was going on in the association; the amount coming in would cover all the expense of printing the proceedings of the meetings, which would go into history, and those of us who are interested in preserving them would have them on file. It seems to me the official organ is the place for the proceedings in full. We never can make the progress we should make until a radical step is taken to include the official organ in our dues. We then would have sufficient funds to develop the work.

I wish to make a motion to the effect that in the re-arrangement of the by-laws there shall be incorporated a plan that shall include in the dues of the affiliated societies the subscription price of the official organ, the AMERICAN JOURNAL OF NURSING.

The motion was seconded by Miss Dock.

THE PRESIDENT.—The state societies are only affiliated now and have only one vote. It would be rather difficult to formulate a plan which would include the cost of the official organ for each member of the association, because at present the members who are included in alumnae societies are assessed only twenty cents per member, and to put the dues up to include the JOURNAL might work a hardship. It might be done with permanent members. If we increase as rapidly in the future as we have in the last four years there will not be many paying dues.

MISS COOKE.—I recognize the problem that is involved and there would be a great deal of dissatisfaction at the beginning, but if we can solve the problem by starting it in a tangible way those that come after us will take it as a matter of course so far as the little expense is concerned, and it seems to me if each affiliated association will send in its list of members and be responsible for their dues, and the dues raised to include the official organ of the association, it will be only a question of a short time before matters will resume their normal condition. It is an educational work and we have to pay for it, and if we are going to have the educational work done in a satisfactory way every member must have the benefit of the magazine. We have a year to study over this. I wish merely to have submitted a tangible plan to handle this matter. Those who come after us will take it as a matter of course even if it were five dollars a year they had to pay. The educational work would be simplified all over the country.

This is merely a suggestion to get it in tangible shape. What would it be if we paid ten to fifteen dollars a year if we did something to further the work

of education by the national association? There would be trouble for a time, but after it is once over it would be fixed for all time. There would be no further worry. We would have a reserve fund. This is a problem we have to solve.

When we think of the advantages to the women who have spent so many years in attending to the affairs of our association I think we should feel willing to spend ten or fifteen dollars a year to advance our educational interests. When I think of the money these women have given, of the sacrifices they have made, and the time they have devoted to our interest I think this thing should be done.

Originally in California we started out with our little state journal and asked the members to subscribe. They were very much pleased with the journal. Before the subscription expired we put in a notice asking them to renew their subscriptions before a certain date. That date came and the subscriptions were not in, but they told us how much they enjoyed the journal. I felt we must establish the journal and unless we had some other means than voluntary subscriptions we could not continue it. We brought the matter before our association at one of the annual meetings and it caused considerable discussion at first, some stormed, but after finding out what a year's issue of our magazine had done for the association and the good work that could be done on the coast they began to consider it more favorably, and we finally succeeded in having it included in the dues. To-day there is no question about it, and if it cost twice as much they would have it. It is only the beginning that is going to cause a little dissatisfaction. Those who come after us will take it as a matter of course. Our dues with a journal subscription are \$1.50 in those three states. The by-laws state that it is the official organ of the association. Something of the same kind could be adopted by the Associated Alumnae. It seems to me the additional cost should hardly be considered when we think of the immense amount of educational work that could be accomplished in this way. We only need to make a break to establish it.

MISS ELDREDGE.—If it is not out of order I would like to say that this association has grown to such proportions that we cannot tell where the members are from or who they are. Would it not be well in future conventions to have the various delegations seated in sections and have the voters separate so we may know who they are and where they are from. I will offer that as a motion.

MRS. BURRILL.—In the New York state convention we have signs indicating where each delegation is from.

THE PRESIDENT.—Each county has its standard and the delegates from that county sit under it.

MISS GOLDING.—I would suggest that Miss Eldredge add to her motion that the platform be placed in the middle of the hall.

The motion offered by Miss Eldredge was carried.

THE PRESIDENT.—It might be well to suggest to our training-school superintendents that they add another branch and teach pupils to speak loudly, but the general idea is that they are taught there to speak in very moderate tones, and it might be difficult to train them for private room work and for conventions also.

We have now come to the the time for selecting the place for the next annual meeting. We should be very glad to receive invitations for next year's convention.

THE SECRETARY.—I think Miss Maxwell was appointed a committee to present these messages to us, but Miss Maxwell not being present I will read them.

The secretary then read invitations to meet in New York City from Mayor McClellan; Dr. A. S. Draper and Dr. A. Vander Veer of the Education Department; the New York State Nurses' Association; the New York County Association; and from St. Luke's Alumnae Association.

MISS AHRENS.—I move we accept this very kind and generous invitation from New York.

The motion was seconded by Miss Cooke and, being put to a vote, prevailed unanimously amidst applause.

The secretary read another invitation from the Missouri Alumnae Association extending an invitation to the association to hold its convention at St. Louis in 1911, which evoked great applause.

Other invitations received were from Mrs. Bedford Fenwick, president of the National Council of Trained Nurses of Great Britain and Ireland, to the members to attend the International Congress in London; from the Washington State Association, to attend its annual convention in Seattle; from the Graduate Nurses' Association of Cleveland to attend its June meeting.

REPORT OF COMMITTEE ON RESOLUTIONS

The Committee on Resolutions have prepared and beg to present the following:

Resolved, That the Nurses' Associated Alumnae of the United States extend hearty thanks and express its cordial appreciation to the Minnesota State Nurses' Association for its cordial welcome and unceasing and unfailing efforts for our welfare, comfort, convenience, and pleasure.

To the Commercial Club of Minneapolis and the City Council of St. Paul, for their material aid in our entertainment.

To the Rev. Andrew Gillies for his invocation of the divine blessing on our assemblage.

To Mrs. Sweetzer for her continued interest in our profession, and its manifestation in the delightful trolley trip to Minnehaha Falls.

To the officers of the association who have so ably conducted the sessions of our meeting, and to all members who have prepared papers for our edification and instruction.

To the merchants, who by furnishing and decorations have added to the beauty and comfort of our assembly and retiring rooms.

To Miss Edith Rommel and her able committee for their tireless effort and perfect achievement in arrangements and information.

To the nurses in the various cities en route, who have tendered welcome and entertainment, and to all who have extended such invitations for our return trip from the convention.

To Governor Johnson for his appreciative interest and helpful consideration.

Respectfully submitted,

E. BALDWIN LOCKWOOD,

LOUISE PIERSON,

M. C. BURNETT,

Committee.

The following supplemental resolution was offered by request of the National W. C. T. U. and was unanimously adopted:

Inasmuch as the poverty, misery, and crime resulting from the use of alcohol and other narcotic drugs are in an aftermath of their action as physical poisons, we as women, as nurses, as health teachers, and as humanitarians

Resolve, That we will do all that we can, with professional propriety, to teach their nature and effect and discourage their use.

The following resolution relative to the moral prophylaxis movement was also submitted and adopted:

Resolved, That the outline of work in the moral prophylaxis movement as adopted at the American Federation of Nurses be adopted by the Committee on Public Health of this body, as its outline of work.

Outline of Work

1. Report on progress of legislation and enforcement of existing laws, prevention of prostitution, and limiting the spread of venereal disease.

2. Examine and recommend literature for nurses: (a) Professional as to extent and dangers of venereal disease; (b) Methods of instructing mothers and children.

3. To recommend for training schools courses in prevention of venereal diseases.

4. To further in state societies and alumnae associations the formation of similar committees.

REPORT OF INSPECTORS OF ELECTION, MISS FLORENCE F. HENDERSON, CHAIRMAN

You have elected the following officers: president, Miss Jane Delano, New York; first vice-president, Miss Genevieve Cooke, California; second vice-president, Mrs. A. R. Colvin, Minnesota; secretary, Miss Agnes Deans, Michigan; treasurer, Miss Anna Davids, New York; directors, Mrs. Hunter Robb, Ohio, Miss Annie Damer, New York. The officers-elect took their places on the platform and were formally introduced by the retiring president, Miss Damer, beginning with the president-elect, Miss Delano.

MISS JANE DELANO (President-elect).—I assure you my nomination and election came to me unexpectedly. It is a great honor to serve as your president during the ensuing year. However, it was my earnest desire that this honor should go to a western woman. We looked forward to Miss McIsaac being our president, but the work of this association must go on, it cannot stop because one person or another did not get office. I feel there is a tremendous responsibility resting upon the woman who occupies this position. However, I can only pledge to you my most sincere interest and my absolute willingness to do all in my power to carry out the ideals and purposes as outlined in this convention about to close. We have come west for this meeting and I think we will all take east with us a broader view of the west than we had when we came. I think we are all impressed with the beauty found and the big-hearted way they do things out here. I think we shall take away from this convention a better purpose and higher ideals, and it will be my aim to carry out to the extent of my ability the ideals that have been advanced here.

MISS DAMER (Retiring President).—Following the election of Miss Delano, a vacancy is left on the board of directors which will have to be filled.

On motion of Miss Deans, Mrs. Ida M. Tice, of Chicago, was unanimously chosen to serve out the term of Miss Delano as a member of the board of directors.

MISS RANKEILLOUR (Minneapolis).—On behalf of the Minnesota Nurses' Association I want to express our thanks and appreciation to the Superintendents' Society and to the Associated Alumnae for the inspiration and encouragement they have lent us by their presence.

MISS GLADWIN.—I want to express appreciation for the work Miss Damer has done for the AMERICAN JOURNAL OF NURSING. During the past four years she has worked untiringly for its progress.

MISS GOODRICH.—As chairman of the Hospital Economics Committee I want to express appreciation of the work she has done for that course. The effect of her work has reached to the coast and we feel deeply grateful for her efforts in that behalf.

MISS NUTTING.—As a fellow member of the board of directors of the JOURNAL may I add my tribute to her untiring effort in handling the business end of the JOURNAL.

There being no further business to come before the house, the twelfth annual convention was declared adjourned.

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